



Official Student File Review Request Form

Please Print Clearly

Student ID # or SSN: _____

Date: ___ / ___ / ____

Name: _____

Telephone: (____) _____ - _____

Email: _____

Student Status:

- Freshman
- Sophomore
- Junior

- Senior
- Graduate
- Alumni

Entrance Date: _____

Reason: _____

Documents Requested: _____

Student's Signature: _____

The records will be made available to the student no later than 45 days after receipt of this request.

Registrar Office Use Only

Approval: _____

Date & Time Reviewed: ___ / ___ / ____ ____:____ AM PM