



STUDENT INFORMATION REQUEST FORM

Requestor's Name: _____

Date: _____

Intended Use of Student Information Requested:

Information Requested: *(GPA, hours completed, classification, major, concentration, etc.)*

Format of Information Requested: *(email, hardcopy, spreadsheet, etc.)*

Date Information Needed: _____

*(Please allow a **two week** minimum for all information requests.)*

All information provided is confidential and privileged. Any review, distribution, or unauthorized use of the information by persons or entities other than the intended recipient(s) is prohibited. By signing below, the Requester hereby agrees the information will only be used as intended by the person or entity to which it is addressed, and agrees not to publicly discuss or display the information. The undersigned agrees to delete all of the information from any electronic storage devices (i.e. computers, flash drives, etc.) after one semester.

Requester's Signature

Date

Received By: _____ Date: _____

Dean's Office Use Only

Processed By: _____

Date: _____