Permission to Access, Relocate, or Release
Student Educational Record Information Form

I, ____________________________________________ request permission to:
(Please Print Name)

☐ Relocate Student Educational Record’s files from __________________________ to __________________________
(Explain means of transporting files with least disruption to function of office)

☐ Give electronic/computer access to __________________________ Position: __________________________

☐ Release student record information to __________________________ for the purpose of:

☐ Alter, remove, or delete electronic files. Reason: __________________________

☐ Transfer, or change storage medium. Reason: __________________________

Date expected to begin: __________________________
Date of expected completion: __________________________
Years to convert: ____________ to ____________

Signed: __________________________ Date: __________________________
(Requestor)

Approved/Disapproved: __________________________ Date: __________________________
(Registrar/Campus Assistant Registrar)