



Student Educational Records Release Form

 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 (location) (location)
 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)