

RECORDS REQUEST

This form may be used to request copies of items saved in academic records, except unofficial or official transcripts.

Student Name: _____ 700# _____
Last First

(If 700# is unknown, please provide Date of Birth)

Date of Birth: _____

Student Email: _____ Phone Number: _____

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Document Type: _____

Delivery Method (Check One): Email Mail Fax Pickup

Release these records to (name): _____

Recipients email/address/fax number: _____

Signature Date

*****Electronic signatures are not accepted. This form must be printed and signed or emailed from your Colorado Mesa University email account.*****

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Notes:

OFFICE USE ONLY

Approved by: _____ Records Retrieved by: _____ Date: _____

Date Received: