## ATTACHMENT C

## Request for Access to Official Records BALL STATE UNIVERSITY

## PLEASE PRINT OR TYPE

Request Date	Office Receiving Re	quest	
Requester's Name			
Office, Agency, Institution			
Address	(Str.)	(City)	(State)
Please describe the information or record to which you would like to have access:			
Student Name			
Please describe the educational or other interest you have in this information:			
If your request fulfills the nec agreement that you will not pe information without the writte	ermit any other party	to have access to the	
Requester's Signature			
Office Representatives Signat	ture		
Was the requested information			