

ATTACHMENT C

**Request for Access to Official Records**  
BALL STATE UNIVERSITY

PLEASE PRINT OR TYPE

Request Date \_\_\_\_\_ Office Receiving Request \_\_\_\_\_

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 necessary criteria, your signature below indicates your agreement that you will not permit any other party to have access to the obtained information without the written consent of the student.

Requester's Signature \_\_\_\_\_

Office Representatives Signature \_\_\_\_\_

Was the requested information released? (yes) \_\_\_\_\_ (no) \_\_\_\_\_ Date \_\_\_\_\_