

ATTACHMENT A

Student Request for Access to Official Records
BALL STATE UNIVERSITY

PLEASE PRINT OR TYPE

Request Date _____ Office Receiving Request _____

Student Name _____ Social Security Number _____

Local Address _____ (Str.) _____ (City) _____ (State)

Local Telephone Number _____ Year of First Attendance _____

Please describe the information or record to which you would like to have access:

Student's Signature _____

Office Representatives Signature _____

If an appointment time is not presently available, you will be contacted to establish an appointment to review this information within a reasonable period of time, which in no case will be more than forty-five (45) days from the date indicated above.

Date of Review _____

Student's Signature _____

Office Reviewer's Signature _____