ATTACHMENT A

Student Request for Access to Official Records BALL STATE UNIVERSITY

PLEASE PRINT OR TYPE

Request DateOffice R	eceiving Request		
Student Name	Social Security Num	Social Security Number	
Local Address	(City)	(State) (Zip)	
Local Telephone Number	Year of First	Year of First Attendance	
Please describe the information or reco	ord to which you would like	e to have access:	
Student's Signature			
Office Representatives Signature			
If an appointment time is not presently appointment to review this information case will be more than forty-five (45) of	n within a reasonable perior	d of time, which in no	
Date of Review			
Student's Signature			