



### Request to Review Academic Records or Release of Records to a Third Party

Students who wish to review their academic record must complete section I of this form prior to gaining access to their academic records.

Students wishing to authorize review of records must complete section I and section 2. Copies of records cannot be distributed without the student present.

**Section I:**

Student Name \_\_\_\_\_ NUID \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_ Grad Year \_\_\_\_\_

Requested Date and Time of Review \_\_\_\_\_

Purpose of Review: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For release of records, a notarized signature is required to verify of the requester.

STATE OF \_\_\_\_\_ ) ) COUNTY OF \_\_\_\_\_ ) Before me, a Notary Public, qualified in and for said county, personally came \_\_\_\_\_, proven to me to be identical person, and signed in my presence. Witness my hand a notarial seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(SEAL) \_\_\_\_\_ Notary Public

**Section II:**

I hereby authorize the review of my Academic Records to the following individual(s) per the purpose listed above:

Recipient 1 Name \_\_\_\_\_

Recipient 1 Title/Position \_\_\_\_\_

Email \_\_\_\_\_ Authorized date(s) of Review \_\_\_\_\_

Recipient 2 Name \_\_\_\_\_

Recipient 2 Title/Position \_\_\_\_\_

Email \_\_\_\_\_ Authorized date(s) of Review \_\_\_\_\_

OFFICE USE ONLY:

Name of Student Affairs Review Representative \_\_\_\_\_

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Updated: August 10, 2020