



GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

State of Utah Department of Commerce

FRANCINE A. GIANI
Executive Director

THOMAS A. BRADY
Deputy Director

DANIEL O'BANNON
Director, Division of Consumer Protection

STUDENT RECORD REQUEST FORM

Name while attending: _____ Date: _____

Name of Closed School: _____

Dates of Enrollment/Graduation Date: _____ Program Enrolled: _____

Campus Location (Address): _____

Student ID#: _____ Phone # _____

Student's Current Address: _____

Email address: _____

Specific Information Wanted from Student File: _____

Information to be sent to:

Addressee: _____

Address: _____

Student's signature (this authorizes the release of confidential information.)

VERIFICATION BEFORE PUBLIC NOTARY

STATE OF _____)
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COUNTY OF _____)

On this _____ day of _____, in the year 20____, before me, _____ a notary public, personally appeared
date month year notary public name

_____, proved on the basis of satisfactory evidence to be the person whose name is subscribed
name of document signer

to this instrument, and acknowledged (he/she) executed the same.

My Commission Expires:

(notary signature)

(seal)