



State of Utah
Department of Commerce

GARY R. HERBERT
Governor

CHRIS PARKER
Executive Director

DANIEL O'BANNON
Director, Division of Consumer Protection

SPENCER J. COX
Lieutenant Governor

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: \_\_\_\_\_

Specify the records that may be disclosed: \_\_\_\_\_

State the purpose of the disclosure: \_\_\_\_\_

Information to be sent to a third party:

Addressee: \_\_\_\_\_

Address: \_\_\_\_\_

I expressly give the Utah Division of Consumer Protection permission to send my records to the addressee listed above. 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)

