



SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE

Division of Consumer Protection

MARGARET W. BUSSE
Executive Director

KATHERINE S. HASS
Division Director

Please return the original notarized form to: Department
of Commerce
Division of Consumer Protection
160 East 300 South, 2nd Floor Box 146704
Salt Lake City, Utah 84114-6704

The fee for a transcript from an accredited institution is \$30. There is no charge for unaccredited institutions. Please remit payment to "State of Utah".

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: _____

Email: _____

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)