



STUDENT EDUCATIONAL RECORDS RELEASE FORM

Permission to Access, Relocate, or Release
Student Educational Record Information Form

I, _____ request permission to:

Relocate Student Educational Record's files from _____ to _____
(Explain means of transporting files with _____ (location) _____ (location)
Least disruption to function of office)

Give electronic/computer access to _____ Position: _____

Release student record information to _____ for the purpose of:

Alter, remove, or delete electronic files. Reason: _____

Transfer, or change storage medium. Reason: _____

Date expected to begin: _____

Date of expected completion: _____

Years to convert: _____ to _____

Signed: _____
(Requestor)

Date: _____

Approved/Disapproved: _____
(Registrar)

Date: _____