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)
   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: ________________________________ Date: ___________________________
   (Requestor)

Approved/Disapproved: ________________________________ Date: ___________________________
   (Registrar)

Effective Date: 08/01/2014 Revision Date: 08/01/2014