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Austin Peay State University

Office of the Registrar

P. O. Box 4448

Clarksville, TN 37044

Phone: 931-221-6238 • Fax: 931-221-6502

Email: korbes@apsu.edu

Approved _____ Denied _____

Initials _____ Date Completed _____

Review Education Records Request

This form can be mailed, faxed or scanned—see information above

Date _____

Date needed by: _____

(Allow 2-3 Business Days)

Student Name _____ Student ID No. _____
please print

Phone _____ Email _____

Check any of the items needed from your file listed below:

Transcripts from other Universities/Colleges _____

High School Transcript _____

Compass Test Scores _____

ACT/SAT _____

GED _____

GRE _____

List any other items _____

Specify to be: mailed _____ faxed _____ pick up _____ email _____

If pick up is checked, it will be in Ellington Bldg., Room 316. If faxed or mailed list information below. Notification of completion will be sent by email or phone.

If information is being requested by any person other than the student, a FERPA form must be in the student's file giving authorization for this request.

I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

 Signature

 Date