

Please Allow 2-3 Business Days for processing

Austin Peay State University

Office of the Registrar

P. O. Box 4448

Clarksville, TN 37044

Phone: 931-221-7150

Ellington Building; Room 316

Approved _____ Denied _____
Initials _____ Date Completed _____

Review Education Records Request

This form can be mailed or scanned—see information above

Student Name _____ Student ID No. _____
please print

Phone _____ Email _____

Date of Birth _____ Last 4 of SSN _____

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 how to send and provide the needed information:

Mailed _____

Faxed _____

Pick up: If pick up is checked, it will be in Ellington Bldg., Room 316

Email _____

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