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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: phillipsag@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