

Arizona State Board for Private Postsecondary Education

1400 W. WASHINGTON, ROOM 260
PHOENIX, ARIZONA 85007
(602) 542-5709

STUDENT RECORD REQUEST FORM

Student Name: _____ **Date:** _____

Correct Name of Closed School: _____

Dates of Enrollment/Graduation Date: _____

Program Enrolled: _____

Campus Location (Address): _____

Name (printed legibly) that Student used while attending the closed school:

Student's social security number or student ID#: _____

Student's current address:

Phone #: _____

Email address: _____

Specific Information Wanted from Student File:

Student's signature (this authorizes the release of confidential information.)

If request is being made by a party other than the student, submit a copy of the student release form authorizing the party to obtain the requested information.

Processing Fee: Complete this form and return it with a \$10.00 money order made out to Private Postsecondary Education to the address above.

Processing Time and No Guarantee: Please be advised that the average processing time is three to six weeks. The State Board cannot guarantee that a student record can be found for every student.