

Arizona State Board for Private Postsecondary Education

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

STUDENT RECORD REQUEST FORM

Name: _____ Date: _____

Correct Name of Closed School: _____

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

Student's social security number: _____ - _____ - _____

Student's current address and telephone number:

Specific Information Wanted from Student File:

Name and Address of Party to Whom this Information is to be sent:

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.

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

Please be advised that the average processing time is three to six weeks and the State Board cannot guarantee that a student record can be found for every student.
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