## **Appalachian School of Law**

1169 Edgewater Drive

Grundy, Virginia 24614

Phone: (276) 935-4349 or (800) 895-7411

Fax: (276) 935-8496

## Student Request for Release of Records

Please Print Legibly:				
Student Name: Da		ate of Request:		
Phone:	Email Address:			
Student Address:	City:	State:	Zip:	
Please complete the following and s	ign below:			
I request a copy of the following information from my	y ASL student re	cord:		
Student's Signature:		Date:		
Student's Name (print):				
Please mail the authorized documents/information to: (Include Contact Name, Address, etc.)	The st	tudent will pick up the s Office.	documents from	
*The Contact Name, Address, etc. above is also required for fax requests.				

Processing Time is Approximately 5 Business Days

For Office Use only:		
☐ Request complete	Date:	Initials: