

Student Request for Release of Records



APPALACHIAN
— SCHOOL OF LAW —
OFFICE OF THE REGISTRAR

1169 Edgewater Drive
Grundy, VA
Fax: (276) 935-8261
registrar@asl.edu

Please complete all fields clearly and accurately

Student Name : Date of Request :

Student Address :

City : State : ZIP :

Email Address : Phone Number :

Please completed the following and sign below:

I request a copy of the following information from my ASL student record:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Signature of Student :

Date :

Student Name (Print) :

Please mail the authorized documents/information to:
(include Contact Name, Address, etc.)

*The Contact Name, Address, etc. above for fax requests.

The student will pick up the documents from the Registrar's Office.

Processing Time is 5 Business Days

For Office Use only:

Request Complete Date: Initials: