

## Student Record Request

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_

TWU e-mail: \_\_\_\_\_ Alt e-mail: \_\_\_\_\_

### I hereby request a copy of my:

\_\_\_\_\_ Meningitis Record

\_\_\_\_\_ GRE Scores

\_\_\_\_\_ TOEFL Scores

\_\_\_\_\_ Other: \_\_\_\_\_

### Please select how you wish to receive your record:

\_\_\_\_\_ Pick up

\_\_\_\_\_ Faxed: ( \_\_\_\_\_ ) - \_\_\_\_\_ Attn: \_\_\_\_\_

\_\_\_\_\_ E-Mailed; E-mail address: \_\_\_\_\_

\_\_\_\_\_ Mailed; Mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If digitally signed, this form must be sent from your TWU e-mail to be processed.