REQUEST FOR STUDENT RECORD INFORMATION

Send Completed Reques	ts: <u>RegIT@unt.edu</u>	For Questions: 940-565-3701
	udent record requests are intended for internal dep r accreditations, you will need to contact the Office	artmental use only. If you need official statistics or e of Institutional Research and Effectiveness.
Name of Requester:	P1	hone #:
Department: Account #: (no charge but shows departmental conse		UID: Signature:
Contact and phone # for ac	dditional information (if different from above):	
If information is for a spor Are you the spons	nsored student organization on campus, the name of sor? \square Yes \square No (form must be completed by	the organization is the sponsor listed with the Student Association)
Will this listing be released	d to another organization than the requesting departn	nent? Yes No
Check here to indicatemployees who have compsecurity of the data. The lindividuals or organization	be used Please give a detailed explanation of the part of the the the required FERPA training. By checking this sting cannot be released to students (even if member on the of the University.	s box you are also agreeing to be responsible for the
What are your <u>desired</u> sear	rch criteria? cel File Text File E mail Address:	
Desired Order? Asce		
appropriate area. Current Semester Name Empl Etl Cumulative GPA – UN Academic Plan (majors Academic Program (co	Prior semester(s) – please specify: UID	_
D to Descited.	Registrar's Office Use Of	
Date Received: Date Emailed: Notes:	Reviewed by:	Log #: WH/D