Clarkson College
Office of the Registrar

Request for Information to be Released Form

SSN or Student ID#

_____
Name (Please Print)

Directions: Complete form and return to the Registrar's Office. Make sure to specify the information you want by placing an "X" in the box.

This information may be submitted by mail, by fax, or in person; information is only released upon **written** request by the student.

Processing time: Once a request has been received by the Registrar's Office, it will be processed within 2 business days during non-peak times, 5-7 days during peak times (December-January, April-May, August).

☐ Enrollment Verification Letter (Specify Semester) _____

☐ Grade Card (Specify Semester) _____

☐ Immunization Records

☐ Other _____

Please Print:

Current Address: _____
Street Address City State Zip

Current Phone Number: _____

Send information to: _____

_____

_____

_____

Signature: _____ Today's Date: _____

Address:

Office of the Registrar
Clarkson College
101 S. 42nd Street
Omaha, NE 68131-2739

Fax:

(402) 552-6057

Revised 07/2005