

Your Signature \_\_\_\_

## **Request for Copy from Student File**

Registrar's Office

University 160 East Tenth Street, Claremont, CA 91711 Ph: (909) 621-8285 Fax: (909) 607-7285 student.records@cgu.edu

Instructions: Use this form to request copies of documents, except your CGU transcript, from your student file at CGU. Requests for CGU transcripts must be submitted on a Transcript Request Form. Photocopies from your student file are provided at a rate of \$.50 per page and may only be requested by the student. Per the federal Family Educational Rights Protection Act (FERPA), the authorization of the student is required to disclose information to third parties (see the Student Privacy policy on the CGU website).

Restrictions: Photocopies cannot be provided if prohibited by federal, state, or institutional regulations or if the student has waived rights of access to the documents requested, such as for letters of recommendation. Please note that except for the transcript, which is the institution's official academic record. CGU maintains records for only five years after a student's last enrollment activity.

☐ I am currently enrolled at CGL	J and my CGU I.D. num	ber is 254		
	i was enrolled betwe	een the year(s).		
Last Name	First Name		Middle Name	
My date of birth//		Last four digits of S	Social Security Number	
Please provide a phone number	and/or email address w	here you can be reache	ed if we have questions.	
Daytime Phone: ()				
E-mail Address:				
Items Requested (if Ava	•	cify):		
☐Test Scores ☐ GRE	E □GMAT □TOEFL	□ Other		
☐ Other Documentation	(specify):			

**Date**