



INVESTIGATOR RELEASE

This form must be filled out and presented in person at the Office of Enrollment Services, accompanied by a signed release from the student.

STUDENT INFORMATION

Last Name: _____ First Name: _____

DOB: _____ Student ID: _____

Information/Records Requested: _____

Purpose of Review: _____

Additional individuals/parties to whom the requested information will be disclosed: _____

INVESTIGATOR INFORMATION

Last Name: _____ First Name: _____

Affiliation: _____

Badge #: _____ Phone #: _____

I hereby agree to keep the information disclosed to me confidential in accordance with applicable legislation and regulations.

Signature: _____ Date: _____

OFFICE USE ONLY

Disposition of Request: Approved Denied

Materials Reviewed/Released: _____

Signature: _____ Date: _____