

REQUEST FOR COPY OF STUDENT RECORDS

**Vincennes University
Registrar's Office
1002 North First Street
Vincennes, IN 47591
Phone (812) 888-4220
Fax (812) 888-4380**

Student's Name:
(PRINT) _____

Student Phone: _____

Student ID #: _____ **and** Birth Date: ____/____/____
Assigned ID# Example: 04/26/1969

STUDENT'S MAILING ADDRESS:

HIGH SCHOOL RECORDS

PRIOR COLLEGE

COMPLETE RECORD

I AUTHORIZE VINCENNES UNIVERSITY TO RELEASE THE ABOVE
REQUESTED INFORMATION AS INDICATED.

STUDENT'S SIGNATURE

DATE