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**INVESTIGATOR RELEASE**

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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***

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_

Information/Records Requested: \_\_\_\_\_

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Purpose of Review: \_\_\_\_\_

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

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***INVESTIGATOR INFORMATION***

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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***

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Disposition of Request:       Approved       Denied

Materials Reviewed/Released: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_