



Office of Enrollment Services

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**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. **Digitally signed release forms are not accepted.**

***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 OF ENROLLMENT SERVICES USE ONLY***

Disposition of Request:  Approved  Denied

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

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