

STUDENT RECORDS REQUEST

Wis. Stats. 38.50 (11) (d)
Form EAB 3.02 (Rev. 10/15)



STATE OF WISCONSIN
EDUCATIONAL APPROVAL BOARD
431 CHARMANY DRIVE, SUITE 102
MADISON, WI 53719
(608) 266-1996

Wis. Stats. 38.50 (11) (d) provides that a student, upon request, shall have the right to receive from the EAB a copy of his/her student record. A \$10.00 fee per requested official copy of said record must accompany this form. The student's signature authorizing release of information must be provided before the request can be completed. Mail the signed request and applicable fee to the address above.

I. STUDENT INFORMATION

Last Name of Student:		First Name of Student:	Middle Initial:	Maiden/Previous Name of Student:
Last Four Digits of Social Security Number:				Date of Birth of Student:
Current Address of Student:				
City:		State:	Zip Code:	
E-mail Address of Student:			Telephone Number of Student:	

II. SCHOOL INFORMATION

Name of School Student Attended:		City:	State:
First Date Enrolled:	Last Date Enrolled:	Degree(s) Received and Year:	

III. DISTRIBUTION OF RECORDS AND FEES

<input type="checkbox"/> Check here if you want the Official Record(s) sent to the address above. Provide alternative or additional parties to whom records should be released below.		Number of Official Student Records requested: Official Student Records Requested _____ X \$10.00 = _____ * *Remit this amount with your request.	
1. Name and Title:			
Address:		City:	State: Zip Code:
2. Name and Title:			
Address:		City:	State: Zip Code:
3. Name and Title:			
Address:		City:	State: Zip Code:

IV. CERTIFICATION

I hereby certify that I am the above-named student (requestor) and that the above statements are true.

Signature of Student:	Date:
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FOR EAB USE ONLY

Date Received: _____	Date Mailed: _____
Check Number: _____	Receipt Number: _____ By: _____