

STATE OF OHIO
BOARD OF CAREER COLLEGES AND SCHOOLS
30 EAST BROAD ST., SUITE 2481, 24TH FLOOR
COLUMBUS, OHIO 43215-3414
(614) 466-2752 Fax (614) 466-2219
E-mail: bpsr@scr.state.oh.us Website: <http://www.scr.ohio.gov/>

STUDENT RECORDS REQUEST FORM

Current Name of Student/Former Student: _____
Name of Student/Former Student (at time of attendance): _____
Current Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____
Email: _____
Social Security Number: _____
Name of School/College Attended: _____
City: _____ State: _____
Date of Birth: _____
Date Entered School/College: _____ Curriculum/Program: _____
Did you graduate? YES _____ NO _____ Date Graduated: _____

Mail paperwork to (besides the student): OPTIONAL

Name of Organization: _____
To the Attention of: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax : _____

Date of Request: _____

Signature of Student/Former Student: _____

Office Use Only

Person Who Completed Request: _____ Date of Record Search: _____
Fireproof Box #: _____ Found on ImageSilo: _____
Records Found: _____ Records Not Found _____ Date Records/Letter Sent: _____