

# 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