

Please Allow 2-3 business days for processing

**Austin Peay State University**

Office of the Registrar

P. O. Box 4448

Clarksville, TN 37044

Phone:: 931-221-7150

E-mail: otr@apsu.edu

Ellington Building; Room 316

**Review Education Records Request**

This form can be mailed or e-mailed—see information above

Student Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
please print

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Check any of the items needed from your file listed below:

Transcripts from other Universities/Colleges

High School Transcript

Compass Test Scores

ACT/SAT

GED

GRE

List any other items \_\_\_\_\_

*Specify how to send and provide the needed information:*

*Mail* \_\_\_\_\_

*Fax* \_\_\_\_\_

*Pick up: If pick up is checked, it will be in Ellington Bldg., Room 316*

*Email* \_\_\_\_\_

*Notification of completion will be sent by email or phone.*

**If information is being requested by any person other than the student, a FERPA form must be in the student's file giving authorization for this request.**

I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date