

STUDENT RECORDS REQUEST

EAP Form 3.02 (Rev. 10/22)



STATE OF WISCONSIN
 EDUCATIONAL APPROVAL PROGRAM
 P.O. Box 8366
 MADISON, WI 53708-8366
 (608) 266-1996

Wis. Stat. s. 440.52 (11) (d) provides that a student, upon request, shall have the right to receive from the EAP a copy of his/her student record. A payment of applicable fee 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

NOTE: The EAP only holds records for students who attended Wisconsin campuses and were Wisconsin residents at the time of their enrollment. Additionally, the EAP only regulates post-secondary schools. We do not have any high school transcripts from current or closed schools.

| | | | |
|----------------------------------|---------------------|------------------------------|--------|
| 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: |

IV. CERTIFICATION

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

| | |
|-----------------------|-------|
| Signature of Student: | Date: |
|-----------------------|-------|

FOR EAP USE ONLY

Date Received: _____ Date Mailed: _____

Check Number: _____ Receipt Number: _____ By: _____