



REQUEST AND AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

State Form 48905 (R3 / 6-15)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION
INDIANA STATE ARCHIVES
6440 East 30th Street
Indianapolis, Indiana 46219
Telephone: (317) 591-5222
Fax: (317) 591-5324

* This agency is requesting disclosure of your Social Security number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:**
1. Please type or print.
 2. Mail or fax your completed Request to the Indiana State Archives at the above address.
 3. Student transcripts / diplomas / certifications cost \$10.00 per copy. Do not send payment until contacted by the Indiana State Archives.

NOTE: A transcript is considered official only when sent directly from this agency to the designated institution or employer.

I, _____, hereby request and authorize the Indiana Archives and Records Administration to release a copy of my official student transcript to each person or place named below.

List full name and address of the party who is to receive the transcript, including your name and address if you wish to receive a copy, also.

To locate your student record the following information is required:

Student name at time of attendance	
Social Security number*	Date of birth (month, day, year)
School attended	
Location of school	
Dates attended (month, day, year)	
Name of course or program	
Your current address (number and street, city, state, and ZIP code)	
Home telephone number ()	Work telephone number ()
Signature required for release	
Signature of requestor	Date (month, day, year)