



REQUEST AND AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

State Form 48905 (R6 / 1-19)

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

- 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 \$15.00 per copy in accordance with IC 5-15-5.1-5(16).
The fee structure is available on our website: <http://www.in.gov/iara/2452.htm>.
 4. 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.

Full name of requestor

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

To locate your student record, the following information is required:

Student name at time of attendance		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 ()	E-mail address

A signature is required for release of student records.

Signature of requestor	Date (month, day, year)
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