



# REQUEST AND AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

State Form 48905 (R9 / 2-23)

## 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 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 student

List full name and address OR e-mail of the party who is to receive the transcript.

Name of recipient

E-mail address (if applicable)

Address of recipient (number and street, city, state, and ZIP code)

Second Recipient's Name and Address (complete only if applicable; additional fee is required)

Name of second recipient

E-mail address (if applicable)

Address of second recipient (number and street, city, state, and ZIP code)

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)