

Request to Review Education Records

Enrollment Services

Phone 626.396.2313
Fax 626.396.2209
enrollmentservices@artcenter.edu

Student Information (Please Print)

Date

Last Name First Name Student ID Major

Requestor Information (Please Print)

Last Name First Name

Requestor's Affiliation

Information Requested (Please Print)

Purpose of release:

Item(s) of information requested:

Office to which request was made:

Student Signature

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

Print Name

Student Signature Date

Office Use Only

Disposition of request: Approved Disapproved

Specify materials reviewed (records, types of information):

Name of Official Supervising Review Date

Title Signature of Official Approving Request

ArtCenter College of Design
1700 Lida Street, Pasadena, California 91103