

REQUEST TO REVIEW MY COLUMBUS STATE COMMUNITY COLLEGE STUDENT RECORD

PLEASE RETURN FORM IN PERSON TO: COLUMBUS CAMPUS: STUDENT CENTRAL, UPPER LEVEL, MADISON HALL
DELAWARE CAMPUS: STUDENT SERVICES, MOELLER HALL

OR MAIL COMPLETED FORM TO: COLUMBUS STATE COMMUNITY COLLEGE
ATTN: OFFICE OF THE REGISTRAR
550 EAST SPRING STREET, RH 143
COLUMBUS OH 43215

DATE RECEIVED:

OR E-MAIL COMPLETED FORM:

ALL FIELDS MUST BE COMPLETED FOR REQUEST TO BE PROCESSED.
PLEASE ALLOW UP TO FOUR (4) WEEKS FOR RETRIEVAL OF RECORDS.
PLEASE NOTE: YOU WILL NOT RECEIVE A COPY OF THE REQUESTED RECORD.
THE RECORD MAY BE VIEWED ONLY AT THE TIME OF THE APPOINTMENT.

STUDENT INFORMATION (REQUIRED):

NAME: _____
LAST FIRST MI

COUGAR ID NUMBER: _____ DAYTIME TELEPHONE: (____) _____

CURRENT ADDRESS: _____ APT NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

ITEM OF RECORD TO REVIEW (REQUIRED):

- | | |
|--|---|
| <input type="checkbox"/> ADMINISTRATIVE WITHDRAWAL REQUEST/APPEAL | <input type="checkbox"/> GED SCORES |
| <input type="checkbox"/> ADMISSION APPLICATION | <input type="checkbox"/> INTERNATIONAL HIGH SCHOOL TRANSCRIPT |
| <input type="checkbox"/> CHANGE OF GRADE | <input type="checkbox"/> TRANSCRIPT FROM ANOTHER COLLEGE/UNIVERSITY |
| <input type="checkbox"/> EARLY GRADE RELEASE FOR GRADUATES OF OTHER INSTITUTIONS | <input type="checkbox"/> TUITION REFUND REQUEST/ADJUSTMENT/APPEAL |
| <input type="checkbox"/> HIGH SCHOOL TRANSCRIPT | <input type="checkbox"/> OTHER: _____ |

By my signature below I acknowledge that an appointment will be made for me with the Registrar after my record has been retrieved and is ready for me to view. I also concede that if I do not appear for the appointment, I am responsible for rescheduling the appointment and that the records will not be available after five (5) business days.

STUDENT SIGNATURE (REQUIRED): _____ **DATE:** ____/____/____

FOR OFFICE OF THE REGISTRAR USE ONLY

REQUEST RECEIVED: ____/____/____ REQUESTED STUDENT RECORDS ON FILE: YES NO

RECORDS RETRIEVED AND PREPARED: ____/____/____ STUDENT CONTACTED (DATE): ____/____/____

RECORDS PREPARED BY (SIGNATURE REQUIRED): _____

DATE OF APPOINTMENT WITH THE REGISTRAR: ____/____/____ APPOINTMENT TIME: _____ AM PM