

REQUEST FOR SPECIAL INFORMATION

ALASKA PACIFIC
UNIVERSITY

Registrar's Use Only:	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved
Estimated Time	<input type="text"/>	Actual Time	<input type="text"/>	Completion Date <input type="text"/>
Registrar's Signature: _____		Date _____		

TO: Registrar's Office

FROM:

Person Requesting Information

Department Phone Number

Requested Completion Date

INFORMATION REQUESTED: (SEE NOTE BELOW REGARDING ACCESS) PLEASE BE SPECIFIC! FOR EXAMPLE: APU ID NUMBER, STUDENT'S NAME, ADDRESS, DEGREE PROGRAM COURSE NUMBER, NUMBER OF STUDENT'S ENROLLED, SEMESTER COURSE OFFERED. ALSO PLEASE INCLUDE INSTRUCTIONS REGARDING HOW THE INFORMATION SHOULD BE SORTED.

FOR WHAT PURPOSE WILL THIS INFORMATION BE USED?

PLEASE NOTE: The University maintains confidentiality of all student records. Certain information known as directory information may be disclosed by an institution without violating the Buckley Amendment. APU considers the following information to be directory information: A student's name, field of study, dates of attendance, degrees and awards received. No other information about the student body may be released outside of the university. Only those faculty and employees of APU who have a legitimate educational interest in the student's record are permitted access. For example: information concerning student addresses and phone numbers, social security numbers, ethnic background, sex, and age may not be released to third parties and may only be released to APU personnel who have a "legitimate educational interest" in the information.

Requestors' Signature _____ Date _____