



REQUEST FOR INFORMATION
FROM FORDHAM UNIVERSITY FILES

Student Information:

Student Name: _____
(if attended under other name, please indicate: _____)

Fordham ID Number: _____ Birth Month/Year: _____

Contact Address: _____

Email Address: _____ Contact Phone Number _____

School(s) of the University Attended:

School: _____ Dates: *from* _____
Month Year
to _____
Month Year

School: _____ Dates: *from* _____
Month Year
to _____
Month Year

School: _____ Dates: *from* _____
Month Year
to _____
Month Year

Nature of Information Requested (Please be specific):

Signature of Student: _____ ***Date:*** _____

Requested Information received by Student: _____ ***Date:*** _____
To be signed at time records are reviewed *Signature*

*** In accordance with FERPA policy, the Office of Academic Records/Registrar will make the education records available to the student within forty-five (45) days of receipt of this written request. The student will be contacted at the email address indicated above to set up an appointment for viewing the materials. ***

Office Use Only:

Request received by: _____ Date: _____

To be signed at time records are reviewed: Request processed by: _____ Date: _____