

Third Party Records Request Form

SECTION I:

Requestor Name: _____

Requestor Company/Organization: _____

Requestor Email Address: _____

Requestor Phone Number: _____

SECTION II:

Subject of the Request Name: _____

Dates of Enrollment: _____

University Identification Number: _____

Description of records requested: _____

Reason for records requested: _____

I would like to review the records: ☒ In Person (preferred)

___ Remotely/via email

SECTION III:

- I understand that the records requested will only be provided to me after the student in question consents to the disclosure of such information being shared
- I understand that the record information requested is not to be shared with other individuals
- I acknowledge that the information above is true and correct and that I am the person identified as the requestor above

Signature of Requestor: _____

Date: _____



Office of the University Registrar
www.registrar.pitt.edu