



**BALL STATE  
UNIVERSITY**

## Request for Student Information

Requestor's Name: \_\_\_\_\_

Requestor's Organization: \_\_\_\_\_

Student's Name: \_\_\_\_\_

BSU ID Number: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_

Document Requested:

☐

Transcript

☐

Other: \_\_\_\_\_

Other information requested: \_\_\_\_\_  
\_\_\_\_\_

Information provided:

☐

Yes

☐

No

☐

Privacy restriction on record

Date provided: \_\_\_\_\_

Initials: \_\_\_\_\_