

# Birthingway College of Midwifery

4550 SW Betts Avenue #142, Beaverton, OR 97075

503-760-3131 | birthingway.edu

## STUDENT RECORDS ACCESS REQUEST FORM

- Please submit your request in person or by mail. We do not accept emailed or faxed requests.
- Please allow 45 business days after the date that we receive your request to process your request. Processing may be delayed if your request is incomplete. If you have any questions, please contact us.
- Prepayment is required if you want copies sent to you. For security reasons, we will not fax any part of your student record. We will email scanned copies of records **only** to a birthingway.edu email address.

**PLEASE COMPLETE THIS FORM. INCOMPLETE REQUESTS WILL BE DELAYED.**

LEGAL FIRST NAME		LEGAL M.I.	LEGAL LAST NAME		
ADDRESS			CITY	STATE	ZIP
DATE OF BIRTH	YOUR SSN	PREVIOUS NAME(S) (if applicable)			
EMAIL				TELEPHONE	
SIGNATURE		PROGRAM			DATE

I would like to come in and view my student record. Please contact me to set up an appointment.

I would like to receive copies of the following items:

A complete copy of my academic records

A complete copy of my financial aid records

A complete copy of my finance records

Only the records I've indicated below:

I understand that complete copies of records can be very extensive. I further understand that Birthingway College charges 10 cents per page for copies in addition to verifiable delivery postage, if records are mailed. Please contact me with the amount I must send (including postage cost). I understand that copies will not be made or sent without prepayment.

**PLEASE MAIL MY COPIES TO: (Fill out a separate request for each address)**

LAST, FIRST, INITIAL or INSTITUTION NAME
ADDRESS
CITY, STATE, ZIP

I will pick up my copies. Please call me when they are ready at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please Note: You may be required to show photo I.D. to pick up your copies. If you want someone else to pick up your copies for you, we will require a signed, dated letter which states you are authorizing the release of the copies to this person and they will have to show their photo I.D. at the time of pick up.

Please email a .pdf of my requested records to my official Birthingway.edu email address. We will not send records to any non-Birthingway email address.

**OFFICE USE ONLY**

Date/time/initial:
ROUTING: _____ LRC _____ File