

Student Record Request

Student ID: _____ Date of Birth: _____ / _____ / _____

Last Name _____ First Name _____ Middle Initial: _____

TWU e-mail: _____ Alt e-mail: _____

I hereby request a copy of my:

_____ Meningitis Record

_____ GRE Scores

_____ TOEFL Scores

_____ Other: _____

Please select how you wish to receive your record:

_____ Pick up

_____ Faxed: (_____) - _____ Attn: _____

_____ E-Mailed; E-mail address: _____

_____ Mailed; Mailing address: _____

Student Signature: _____ Date: _____