

COPY REQUEST FORM

Complete only if a program application has been previously submitted. Submit a \$10 (processing fee) personal check made payable to CSUDH, College of Education. Results will be available for pick-up within seven working days. Only one copy of each item per request. Do not separate form, canary copy will be returned after request is processed.

Date: _____ SID/SSN: _____ Telephone #: _____

Name: _____ Former Name (if applicable): _____
Last Name, MI First Name

I would like to request a copy of the following:

1. Document: _____
2. Document: _____
3. Document: _____

For Office Use Only:

- NOT in file In file: _____
- NOT in file In file: _____
- NOT in file In file: _____

DO NOT WRITE BELOW THIS LINE

Processed by: _____ Date: _____

White-Student File Canary-Student

10/1/04 lp