Birthingway College of Midwifery

503-760-3131 | birthingway.edu

STUDENT RECORDS ACCESS REQUEST FORM

- Please submit your request by mail or email to info@birthingway.edu. **Please note that we cannot guarantee the security of emails sent outside the birthingway.edu domain.** To mail your request, please call 503-760-3131 or email info@birthingway.edu to ask for our current mailing address.

- Please allow 45 business days after the date that we receive your request for processing. 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 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 copies of my requested records to the address below:**

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

_____**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: