



Public Records Request Form

Submit this form by mail or email to:
 Metropolitan State University of Denver
 Office of General Counsel
 Campus Box 01, P.O. Box 173362
 Denver, CO 80217-3362
 Phone: 303.615.0099
 Email: CORA_request@msudenver.edu

| | |
|---|--------------|
| All fields below must be completed. | |
| Name: _____ | |
| Company Represented (if applicable): _____ | |
| Address: _____ | |
| Phone: _____ | Email: _____ |
| <i>I affirm that I have read, understood, and agreed to this form in its entirety and that the information provided herein is true and correct.</i> | |
| Signature: _____ | Date: _____ |

| | | |
|--|------------------------|--------------------------|
| If the document(s) requested concern a student or an employee, please complete the fields below: | | |
| This request concerns a(n): | Student/Former Student | Employee/Former Employee |
| Student/Employee Name: _____ | | |
| Student/Employee ID (900) Number: _____ | | |
| Student/Employee Date of Birth: _____ | | |

| Document(s) Requested* <i>(Check all that apply.)</i> | Relevant Time Period or Date of Issuance | Comments |
|--|---|----------|
| Enrollment | _____ | _____ |
| Financial | _____ | _____ |
| Academic Advising | _____ | _____ |
| Student Conduct | _____ | _____ |
| CARE files | _____ | _____ |
| Other (please explain): _____ | _____ | _____ |

If the document name is unknown, please provide a brief, but specific, description of the document or information requested (note date of issuance and location of document, if known).

**Transcripts must be requested by the student. Please work directly with the student to make arrangements to order transcripts online via Parchment at <https://msudenver.edu/registrar/transcripts/>. The fee for transcripts ordered online is \$10.00.*

| | |
|---|--|
| Notarial Acknowledgement for <u>Student Records</u>: This form must be notarized if mailing, faxing, or scanning & emailing and concerns student records. | |
| State of _____ | |
| County of _____ | |
| Signed and sworn to before me on this _____ day of _____, 20____, by _____ <div style="text-align: right; font-size: small;">(name(s) of individual(s) making statement)</div> | |
| _____ (Official signature of Notary Public) | (SEAL) |
| _____ (Commission Expiration Date) | (Notary seal must be visible on the copy.) |

| For Official Use Only | |
|---|--------------------------------------|
| Records request received by: _____ | Date: _____ |
| Identity confirmed by: _____ | Date: _____ |
| Records request processed by: _____ | Date: _____ |
| Time spent by staff assembling records: _____ | Estimated cost of assembly: \$ _____ |