



# Nichols College

*Learn. Lead. Succeed.*

## REQUEST TO OBTAIN RECORDS/REPORTS

Date of Request: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Item(s) of information requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of Review: \_\_\_\_\_

\_\_\_\_\_

### Preferred Method of Obtaining Requested Information:

- |   |
|---|
| <input type="checkbox"/> In Person Pick-up          |
| <input type="checkbox"/> Email: _____               |
| <input type="checkbox"/> Fax: _____ Attn. to: _____ |

\_\_\_\_\_  
(please initial) I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_