



Southwest College of Naturopathic Medicine and Health Sciences

Request for Copies of Academic Records

Name: _____ SSN: _____

___ I wish to have copies of the following specific items from my academic file:

___ I wish to review my entire academic file.

___ I wish to review my entire clinic file.

*Please note that some items in your academic file cannot be released to you (e.g., copies of letters of recommendation which you previously waived the right to see.)

*Copies of transcripts from any other educational institutions are not considered official. We will stamp them "Unofficial."

*You will be charged 10 cents per page for copies. Payment must be made before the copies are released to you.

*We will try to accommodate your request as quickly as possible. However, it may take up to four weeks depending on our current workload.

Signature of Student

Date