



# REQUEST TO VIEW EDUCATION RECORDS

**PRINT THIS PAGE AND SEND TO:**

Office of the Registrar | Williston State College | 1410 University Avenue Williston, ND 58801  
701.774.4211 (f) | wsc.records@willistonstate.edu

Name: \_\_\_\_\_

ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

**Description of Records Requested:**

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I will pick up my records (**Must present a photo ID**) within a 48 time frame of request.

Please mail or fax my records to the information below:

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I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian, or of the student (if over 18 or attending a postsecondary school).

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

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