



Record Release for Deceased Student

Form can be mailed to: Registrar's Office 5150 N. Maple Ave. M/S JA57, Fresno, CA 93740. Along with your request please include a copy of the deceased student's Death Certificate or obituary, and a copy of your photo ID.

Student Information

Name: _____
Last First Middle

Student ID#: _____ or SSN _____

Date of Birth: _____

Dates of Attendance: _____ to _____

Degree Earned: _____

Record Request (Transcript, Enrollment Verification, Degree Verification, etc.)

Requestor Information

I request access to the student's education record. My relationship to the above named student is:

_____ Parent/Guardian _____ Spouse/Next of Kin
_____ Executor/Executrix _____ Power of Attorney/Subpoena

Print Name Signature Date

Office Use Only	
Proof of Identification and Document Received: _____	
Request Sent By: Mail Fax Email	
Received By: _____	Date: _____