



Gurnick Academy of Medical Arts Student Records Request Form

Students or alumni must use this form to request copies of any documentation that is housed within the student's file, whether an internal or external document. Upon approval of a request made with this form, the documents will be provided to the requesting student via GEGI e-mail or for pickup at a campus location. Copies of documents are not eligible for delivery via standard mail services. Official Gurnick transcripts and/or replacement diplomas can be purchased on the Gurnick website – www.gurnick.edu.

Student Information *(You must include copy of valid government-issued ID along with this form)*

Legal Name: _____ Student ID: _____ Date of Birth (MM/DD/YYYY): _____

Phone Number: _____ Email Address: _____

Requested Documents *(Select all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Enrollment Agreement(s) | <input type="checkbox"/> H.S. Diploma/Transcript/Evaluation | <input type="checkbox"/> Financial Aid Records |
| <input type="checkbox"/> Signed Disclosures | <input type="checkbox"/> Tuition Payment Records | <input type="checkbox"/> Placement Records |
| <input type="checkbox"/> A/R Ledger | <input type="checkbox"/> Remediation Documentation | <input type="checkbox"/> Other Records – Please Specify: _____ |

Reason for Request

Delivery Information

- ☐ Via GEGI Email ☐ Pick-up at Campus Location*
*If someone is picking up on your behalf, you must include their information below **and** have a valid FERPA form on file with the individual listed.*

Pick-Up Person (Legal Name): _____

Phone Number: _____ Email Address: _____

Student Authorization

I certify that I am the student named above and that I am requesting copies of my student file documents for my records. I understand that I must provide a copy of my valid government-issued ID, as well as provide a FERPA form for any individual who will be picking up the documentation other than myself. I understand that my original physical documents may not be available due to electronic archiving and that under no circumstances I am unable to receive original copies initially provided to the institution. I understand that some documents may not be released due to privacy laws, institutional policies, or outstanding financial obligations to the institution.

Student Signature: _____ Date: _____

FOR SCHOOL OFFICIAL USE ONLY

☐ APPROVED ☐ DENIED Notes: _____

CD/ACD Signature

Date