

Westmont College

**REQUEST FOR ACCESS TO CONFIDENTIAL RECORDS**

NAME: \_\_\_\_\_ ID # \_\_\_\_\_  
(Please print full name)

SOC SEC NUMBER: \_\_\_\_\_ ENROLLMENT DATES: \_\_\_\_\_

Check the items you wish to be copied (\$1.00 fee). Please allow one day for processing.

- \_\_\_ All standardized tests (please list)  
\_\_\_\_\_
- \_\_\_ Application for Admission  
\_\_\_\_\_
- \_\_\_ High School Transcript  
\_\_\_\_\_
- \_\_\_ Transcripts from other colleges  
\_\_\_\_\_
- \_\_\_ Other (list what items)  
\_\_\_\_\_

For any items you wish to review but do not need copied, please schedule an appointment.

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