



REGISTRAR'S OFFICE
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Salem, OR 97301
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I N V E S T I G A T O R R E L E A S E

This form must be filled out and presented in person at the Registrar's Office, accompanied by a signed release from the student.

S T U D E N T I N F O R M A T I O N

Last Name: _____ First Name: _____

DOB: _____ Student ID: _____

Information/Records Requested: _____

Purpose of Review: _____

Additional individuals/parties to whom the requested information will be disclosed: _____

I N V E S T I G A T O R I N F O R M A T I O N

Last Name: _____ First Name: _____

Affiliation: _____ Phone #: _____

Badge #: _____ Expiration Date: _____

I hereby agree to keep the information disclosed to me confidential in accordance with applicable legislation and regulations.

Signature: _____ Date: _____

O F F I C E U S E O N L Y

Disposition of Request: Approved Denied

Materials Reviewed/Released: _____

Signature: _____ Date: _____