

# Registrant History Request Form

The Family Rights and Privacy Act of 1974 requires the student's signature. By signing this request, I authorize Student Records to release my Registrant History to the recipients listed below. If you need additional room, please use additional sheets.

### Student Information

Name (Last, First, Middle)			Today's Date
Name while enrolled/previous names(s) <i>Please include documentation of name change with this request (drivers license or current ID)</i>			Date of birth (optional)
Signature (required)			
Current mailing address (Street, Apt. # if applicable)			
City	State	Zip	Country
Telephone (incl. area code) (      )		Email	

### Course Information

Title of course(s) (Registrant History will include information on all classes for which we have records)	Approx. date(s) attended

Reason for this request: ☐ Employment ☐ Education ☐ Other (please specify) \_\_\_\_\_**Delivery Information:**

Please allow three business days for processing. Registrant History will be emailed to the email address(es) provided below.

<b>Student Email:</b>	<b>Email to another individual/institution:</b>
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There is no charge for a registrant history. If you need an official transcript, you can find the request form and payment information at <https://pyle.wisc.edu/registrations-2/transcripts-and-student-records/>.

**Please email your completed Registrant History Request Form to: [studentrecords@pyle.wisc.edu](mailto:studentrecords@pyle.wisc.edu).**

**Student Records**  
The Pyle Center, Room 139  
702 Langdon Street, Madison, WI 53706-1487  
Phone: (608) 262-2451 Fax: (608) 265-3163  
Email: [studentrecords@pyle.wisc.edu](mailto:studentrecords@pyle.wisc.edu) Website: <https://pyle.wisc.edu>