Attendance Research Request Form

**All fields must be completed.**
Student Research requests will be completed within 3 business days.

<table>
<thead>
<tr>
<th>ATTENDANCE ISSUE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
</tr>
<tr>
<td>____________________________</td>
</tr>
<tr>
<td>____________________________</td>
</tr>
<tr>
<td>____________________________</td>
</tr>
<tr>
<td>____________________________</td>
</tr>
</tbody>
</table>

**Name:** __________________________  **Date:** __________
**(Last)** (First)

**Phone number:** _______________________

**Student Id Number:** _______________________

**Term** (check one):  
☐ Spring  ☐ Summer  ☐ Fall  
**Year:** __________

For Office Use Only:

**Student Support Coord. initials:** ________  **Registrar’s staff initials:** ________

**Contact Student:**  
☐ YES  ☐ NO  
**If NO, Why Not?** ________

**Resolution Date:** ________  
**Contact Student Central:**  
☐ YES  ☐ NO

White copy – Registrar’s Office  Yellow copy – Student Central  Pink copy – Student

04/03/06