UMBC
AN HONORS UNIVERSITY IN MARYLAND

REGISTRAR'S OFFICE

ARCHIVAL DATA REQUEST

_____ _____ _____

Last Name First Name Campus ID

Archival Data Requested:

___ Course Description – specify: _____

___ Online Course Verification – note any special instructions: _____

___ Other archival data documentation – specify: _____

Archival Data to be (select one):

___ picked up in Registrar's Office (allow one week for processing)

___ mailed to: _____

_____

_____

_____

Instructions:

1. Complete and print this form.
2. Submit completed form to UMBC Student Business Services (Administration Building, 3rd Floor) along with $25 archival data request fee.
3. Return the form with receipt to the UMBC Registrar's Office (Academic Services Building).

_____ _____

Student Signature Date

Office Use Only: 1113 021 10624 00004404

_____ _____

Student Business Services Registrar's Office