

STUDENT RECORDS REQUEST: Respond Right EMS Academy
7491 Mexico Rd
St. Peters, MO 63376
Fax 888-859-9304



File Request Fee: \$12 per Request

Note: Your file will NOT be released until all outstanding balances are paid in full. Please allow 10 – 12 business days for your order to be processed.

Student's Full Name and Address

Last	First	M/I	Student ID/Last four SSN
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Address	Apt.	City	State	ZIP
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Email address

Date of Birth	Male/Female	Phone Number
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PLEASE COMPLETE THE FOLLOWING

Graduation Date _____ Program Completed: EMT-Basic { } A & P { } Paramedic { }

Are you currently attending Respond Right? Yes { } No { } Dates of Attendance _____

Did you attend Respond Right under another name? No { } Yes { } (list names) _____

Is there a certain part of your file you are hoping to obtain? If so, please explain: _____

Student files will only be sent via email to the student's email address.

***Note – We may, or may not,** have all items on file that the student has turned in at the time of application. Students have been told to provide **copies** to us and to keep **copies** for themselves. Student is authorizing release of all items in their file to the email address listed on this form and acknowledge that Respond Right EMS Academy is not liable for information that is stolen, breached, copied, downloaded, etc. The student understands this and is still requesting their file to be released to the email listed on this form.

Student's Signature _____

Date _____

File Fees: \$12.00 each

Please allow 10 - 12 business days to process.

BUSINESS OFFICE USE ONLY	REGISTRAR'S OFFICE USE ONLY
O Account Balance: _____ Amount Due: _____ Amount Paid: _____	Date Transcript(s) Sent: _____