

REQUEST FOR RECORDS

Southeast Missouri State University **Law Enforcement Academy**,
One University Plaza, MS 5200, Cape Girardeau, MO 63701
Office (573) 290-5110 Fax (573) 290-5114

Please allow a minimum of 3 working days to process this request. Changes will be billed to you at the address below or you may include a check or money order with this request.

Name: _____ SSN: _____.

Previous Names: _____ Date of Birth: _____.

Phone number: _____ Approximate date of attendance: _____.

Your current mailing address: _____ (street)
_____ (city, state, zip)

_____ I will pick up _____ (number of copies) at the Law Enforcement Academy (\$5 each)

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Name _____.

Address _____.

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SIGNATURE _____ **Date** _____.

Without your signature, this form will be returned to you
