

Office of the Registrar

Phone: (812) 237-2020 Fax: (812) 237-8039

Official Co-Curricular Record Request

The Co-Curricular Record is a Strategic Initiative to provide students with a verified, documented history of their university related achievements outside of the classroom. Indiana State University began to systematically maintain co-curricular data beginning with the Fall 2010 term. While data prior to the Fall 2010 term that may appear has been verified, it may not be complete. Please note this record may not include all activities in which the student may have participated. Additional information is available at the Co-Curricular Record web site. http://www.indstate.edu/ccr

Completion of the Official Co-Curricular Record Request form is required for each co-curricular record request. This form may be filled out online or by hand, then submitted either through your Sycamores student e-mail account to LSU-ORR@mail.indstate.edu, faxed to 812-237-8039, mailed to the Office of the Registrar, Parsons Hall Room 009, Indiana State University, Terre Haute, IN 47809, or submitted in person. The co-curricular record may be obtained either in person by the student or a specified designee, or mailed to an address indicated by the student on this form. A separate request form is required for each co-curricular record copy.

For general questions concerning the use and content of the Co-Curricular Record please contact the Office of Student Activities and Organizations at 812-237-3852.

Student Information						
Last Name	First Name		MI	University ID	# (XXX-XXX	(-XXX)
Street Address		City			State	Zip Code
Date of Birth	Phone Number		Dates of Attendance			
Issue Information Please indicate below by which meth	nod the co-curricular reco	ord will be re	eived: (choose ONF only)		
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I will pick up my co-curricular reco	ora in person.					
Please mail my co-curricular recor	d to this address:	Las	t Name		First Name	
Street Address		City			State	Zip Code
I would like to designate someone	e to pick up my co-curricular	record.*				
*Photo ID required.		Des	signee Last Name		First Name	
Student Signature					Date	
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		511101	OUL OINE!			
					Processed	d Ву
					Date	

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