

## REQUEST TO REACTIVATE STUDENT RECORD

Please complete this form to request former student academic information.

Student's Name:	<del>-</del>			
	(First)	(Middle)	(Last)	(Please include all former or maiden names
Social Security #		_ Student ID#		_
E-MAIL ADDRESS:				TELEPHONE:
ADDRESS:				CITY, ST, ZIP:
	Please circle	the appropriate o	answer or fill is	in the blank for the following:
Major:		_ Last year	you attended: _	
Have you ever applied to grad	duate? YES / N	NO	Did you p	participate in the commencement ceremony? YES / NO
Last VU program you attende	d: SPS / Tra	aditional Undergr	rad / Grad Pro	ogram:(Please specify)
	Campus Units f	form which can b	e found at http	will need to provide us with specific information listed on p://registrar.vanguard.edu/registrar-forms/. Please comple
*If it has been more than one academic year since you last attended Vanguard University, a non-refundable fee of \$50 is due and payable upon your request to re-open and investigate your academic history. Your student file will remain open for one calendar year. We accept checks (payable to Vanguard University), cash, MasterCard, Visa or Discover credit cards. If paying by credit card, please complete ALL of the following in the box below:				
NAME:(as	it appears on you	r credit card)		_
ADDRESS:				CITY, ST, ZIP:
	(billing addr			
CREDIT CARD NUMBER:				EXPIRATION DATE:
SECURITY CODE:	(The 3	3-digit code found	d on the back o	of your credit card at the end of the signature box).
Signature of student				Date/
Send <b>completed form</b> to:	Vanguard Ur Office of the 55 Fair Drive	Registrar	Fax	x: 714-668-6126
	Costa, Mesa,		Em	nail: records@vanguard.edu
For Office Use Only				
				•
Date Received:	De	egree:		Fee Paid: Initials:
Missing Requirements:				