

Parker University

2540 Walnut Hill Lane
Dallas, TX 75229
Fax: 214.902.2458
Phone: 972.438.6932, Ext. 7120

Request to Review Student File

Student Name: _____ Student ID#: _____

Contact Information:

Address (Street, Apt#, City, State, Zip): _____

Email Address: _____ Phone: _____

Program Enrolled:

Doctor of Chiropractic _____
Undergraduate Program _____
Massage Therapy _____

Student's Signature

Date Request Submitted

By submitting this request you are requesting to set an appointment with the Registrar's Office to review your student file. The Registrar's Office will contact you to set up an appointment for you to review your file.

OFFICE USE ONLY

Date student viewed file: _____

Staff Member who pulled file for student: _____