

ACADEMIC RECORD REACTIVATION

Yes No

- Were you dismissed from The University of Akron? (Contact College Dean's Office)*
- Are you a transfer student wishing to attend The University of Akron? (Contact Undergraduate Admissions)*
- Have you completed your Baccalaureate degree at another institution? (Contact Undergraduate Admissions)*
- Since last attending The University of Akron, did you attend classes at another institution? (Contact Undergraduate Admissions)*
- Do you plan on continuing with graduate coursework? (Contact the Graduate School)*

If you answered "yes" to any of these questions, do not complete this form. Please contact the appropriate office listed.

*Please type or print legibly **all** requested information in the spaces provided.*

****NOTE: This form will not be processed without the residency information completed.**

Residency Information:

Are you a permanent resident of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Date Ohio Residency Established (mm/dd/yyyy):	Visa Type (if applicable):
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*Note: If you have lived in Ohio since birth, please enter birth date for 'Date Ohio Residency Established.'

Personal Information:

Full Name:				Student ID # or last 4 digits of SS #:		
Permanent Address:				Maiden or Former Name(s):		
City:	State:	Zip:	County/Province:	Country:	Telephone #:	
Mailing Address (if different from permanent):			City:	State:	Zip:	Telephone #:
Date of Birth (mm/dd/yyyy):		Employer:				Work Telephone #:

Emergency Contact Information:

Name of Emergency Contact:				Relation:		
Address of Emergency Contact:			City:	State:	Zip:	Telephone #:

University Information:

When do you plan to return to The University of Akron? <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester Year:		When did you last attend The University of Akron? <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester Year:		Did you only attend a workshop? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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I certify that the information herein is complete and accurate to the best of my knowledge. I hereby grant permission to The University of Akron to seek and to exchange any information with the academic institutions that I have attended. I further authorize any such academic institution to release any records or confidential information concerning me to The University of Akron. I agree to abide by the rules set forth in the University Bulletin.

I understand that The University of Akron maintains a system of records which has been in existence and operating since 1968 and which utilized the Social Security Number until the fall of 2001 for the purposes of verifying the identity of students. As required by law, The University of Akron does not discriminate on the basis of gender in its educational programs, activities, or employment.

Signature: _____ Date: _____

Submit your request using one of the following options:

1. Submit your signed request to the Office of the University Registrar in room 120 of Simmons Hall. Submitting your request in person does not expedite its fulfillment.
2. Fax your signed request to the Office of the University Registrar at 330-972-6097.
3. Mail your signed request to the Office of the University Registrar, The University of Akron, Akron, OH 44325-6208.
4. Scan and email your signed request to registrar@uakron.edu.