

(Please type or print clearly)

SUBPOENA PROCESSING CHECKLIST

(To be completed by Registrar or Records Custodian)

Subpoenaed records of _____
Last First M.I.

Former/Maiden Name(s), if any: _____

Social Security Number: ____ - ____ - ____ Date of Birth: _____

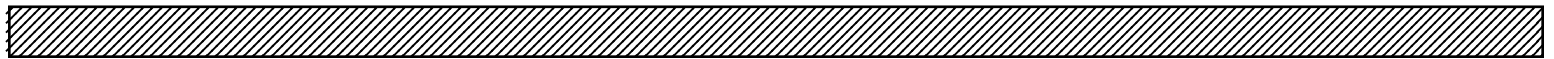
Mailing Address: _____

Telephone Number: (____) _____

Name of Student's Attorney: _____

Attorney's Address: _____

Attorney's Telephone Number: (____) _____



SUBPOENA CHECKLIST

Type of Subpoena: ____ For the attendance of witnesses

(check all that apply) ____ For the production of documentary evidence

____ For taking depositions

Reason for Subpoena: _____

Date and Time Subpoena Was Accepted: _____ at ____: ____

Person Who Accepted Subpoena: _____

Notified Attorney General's Office at UH of Subpoena (optional): _____

Date and Time: _____

(Please type or print clearly)

Further Action Taken: None. No need to request extension of subpoena compliance date as sufficient student notification time allowed.

Contacted requesting attorney for extension of compliance until ___/___/___ so as to allow for required notification of student.

Request for extension granted.

Request for extension denied.

Contacted Student Via: Telephone (give date and time) _____

Mailed FERPA form 9 with photocopy of subpoena (give date mailed): _____

Comments: _____

Date and Time of Subpoena Compliance: _____

By: _____ Date _____
Registrar/Record Custodian

cc: Attorney General's Office at UH