REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS

Students and former students have the right to inspect and review their education records within a reasonable period of time, but no more than 45 days after the institution has received the request. The registrar’s office will contact the requestor when the education records will be available.

Student’s ID #: ______________________________
Student’s Name: ________________________________________________________________
Email (University email for current students): _______________________________________
Phone: ________________________________
Requestor’s Name (if different): __________________________________________________
Purpose of Review and Information Requested: ______________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
Office to which request was made: ________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

Requestor Signature: __________________________________________ Date: ______________

Office Use Only:
Request: ___ Approved ______ Disapproved
Specify materials reviewed: _________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
Name of Official Supervising Review: ______________________________________ Title: ______________________
Signature of Official Approving Request: __________________________ Date: ________________