



Student Request to Inspect and Review Education Records

Student ID: _____ Date: _____

To: Record Custodian

I wish to inspect my education record located in the following office(s):

Student Name (Print) _____ Phone: _____

Address _____

Signature: _____

To: Student

Your request for inspection of your record was received on _____ (date).

The record will be available at _____ (office) on _____ (date).

Date _____ Registrar's Signature _____

To: Record Custodian

a. I have inspected and/or have been informed of the contents of the requested education record identified above and am **satisfied** with its accuracy and completeness.

Date _____ Student's Signature _____

To: Record Custodian

b. I have inspected and/or have been informed of the contents of the requested education record identified above and am **not satisfied** with its accuracy and completeness for the following reason(s):

Date _____ Student's Signature _____

Observations of the record custodian of disposition of the request:

I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

Date _____ Record Custodian's Signature _____