



Registrar's Office
487-2319

Request to Review Education Records

Date: _____

Student's Name: _____

Student's ID #: _____

Purpose of Review: _____

Item(s) of Information Requested: _____

Name of Requestor: _____

Requestor's Affiliation: _____

Office to Which Request Was Made: _____

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

Signature _____ Date _____

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Disposition of Request: _____ Approved _____ Disapproved

Specify Materials Reviewed (Records, Types of Information):

Signature of Official Approving Request _____ Date _____

Signature of Official Supervising Review _____ Date _____