



Michigan Tech

Request to Review Education Records

Completed requests must be submitted to the Registrar's Office.

Last name: _____ First: _____ Initial: _____

MTU Student ID#: _____ Date of Birth: _____

Street address: _____

City: _____ State: _____ Zip: _____

Purpose of Review: _____

Item(s) of Information Requested: _____

Signature: _____

Date: _____

For Department use only

Date Request Received: _____ Date Available: _____

Signature: _____