



Student Request to Inspect and Review Education Records

Name _____ Student ID # _____ Social Security # _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

I wish to inspect my education records in the following office: _____

The specific education records I wish to inspect are: _____

Student Signature _____ Date _____

TO STUDENT:

Your request for inspection of education records was received on this date: _____

The requested records will be available at this location: _____

For your review on this date: _____

Contacted student via: _____ on this date: _____

Records Custodian Signature _____ Date _____

TO RECORDS CUSTODIAN:

I have inspected and/or have been informed of the contents of the requested education records.

Student Signature _____ Date _____