

Student Request to Inspect and Review Education Records

To: Custodian of Records (Registrar), List college name: _____

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

___ Financial Aid ___ Admissions and Records ___ Dean of Student Life ___ Other: ___

Student Name: _____ MEID Number: _____

Student Email: _____

Full Mailing Address: _____

Student Signature: _____ Date: _____

To: Student

Your request for inspection of your record was received on _____. The requested record will be available on or before 45 days after the date listed above. You will be contacted via email regarding the date, time, and location for inspection of your educational record.

Date Request Received: _____ School Official's Signature: _____

To: Custodian of Records

I have inspected 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: Custodian of Records

I have inspected 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 reasons(s) (use back of sheet if necessary): _____

Date: _____ Student's Signature: _____

This form may not be submitted electronically. Return completed form to the Office of the Registrar at the college where records are sought or to the district official from whom records are sought. Questions about this policy and procedure may be directed to the Office of the Registrar at the college where records are sought. Students wishing to have their education records amended must submit a letter to the Office of the Registrar. Observations of the record custodian of disposition of this request should be written on the back of this sheet.

Date: _____ Record Custodian's Signature: _____