



OFFICE OF THE REGISTRAR

RECORD REVIEW REQUEST

Please fill out completely and return to the Registrar's Office

Student Name _____

Student ID# _____

In accordance with the Family Education Rights and Privacy Act, I am requesting to review my records in (please check the applicable office):

_____ Registrar (Enrollment and Academic records)

_____ Financial Aid (records regarding the financing of your education)

_____ Accounting (records regarding billing and payments)

I understand that the College must respond to this request within 45 days of the date of the receipt of this request and that the college may charge a fee for any copies that are necessary for the review of my records. I further understand that I may request an amendment to the records if I believe there is an error. Decisions the college makes regarding amendment requests will be made in writing to the student.

Student signature

Date

For Office Use Only

Date Request Received _____

Date/Time of Record Inspection as mutually agreed: _____

ONE RIVERSIDE DRIVE, EAST HARTFORD, CONNECTICUT 06118 (860) 528- 4111
GOODWIN COLLEGE IS A NON-PROFIT, INDEPENDENT TWO-YEAR COLLEGE