

Record Review Request

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

Student's Full Name: _____

Student ID Number: _____

In accordance with the Family Education Rights and Privacy Act, I am requesting to review my records in:

(please check the applicable office)

Accounting (records regarding billing and payments)

Financial Aid (records regarding the financing of your education)

Registrar (enrollment and academic records)

I understand that the University must respond to this request within 45 days of the date of the receipt of this request and that the University 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 University 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: _____