

**Request to Inspect and Review Education Records**

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Purpose of review:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
I wish to inspect the following education record(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Office to which request was made:

\_\_\_\_\_

I hereby agree to keep the information disclosed to me confidential according to  
applicable legislation and regulations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office use only

Disposition of request:

☐

Approved

☐

Not Approved

\_\_\_\_\_  
Specify materials reviewed (records, types of information)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Official Supervising Review

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Official Approving Request