



STUDENT REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS

Records Department
Room 2220, West Campus
3300 Century Avenue North
651.779.3299

Student ID: _____ Date: _____

To: Record Custodian

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

Student Name: (Print) _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

To: Student

Your request for inspection of your record was received on: _____

The record will be available at the following office _____ on _____

Registrar's Signature: _____ Date: _____

To: Record Custodian

a. I have inspected and/or have been informed of the contents of the requested education record identified above and am satisfied with its accuracy and completeness.

Student's Signature: _____ Date: _____

b. I have inspected and/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 reason(s):

Student's Signature: _____ Date: _____

Observations of the record custodian of disposition of the request:

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

Record Custodian's Signature: _____ Date: _____