

PRINT NAME			
BERG I.D. NUMBER			
EXPECTED GRADUATION		TERM AND YEAR	

## Student Request to Inspect and Review Education Records

To: Record Custodian

Date submitted: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

To: Student

Your request for inspection of your record was received on \_\_\_\_\_. The requested record will be available for review on \_\_\_\_\_.

Record Custodian Signature \_\_\_\_\_ Date \_\_\_\_\_

To: Record Custodian

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 Signature \_\_\_\_\_ Date \_\_\_\_\_

To: Record Custodian

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 Signature \_\_\_\_\_ Date \_\_\_\_\_

*Students wishing to request to have their education records amended must complete a **Request to Amend Education Records** form.*

Observations of the record custodian of disposition of the request:

\_\_\_\_\_

\_\_\_\_\_

Record Custodian Signature \_\_\_\_\_ Date \_\_\_\_\_