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|---------------------|--|---------------|--|
| 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 _____