

I. Please print neatly

Student Name _____

College ID Number _____ Telephone _____

Address _____

Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended, and College policy and procedures. I wish to review my education record maintained in the following office _____
College Office or Department

Specific Record _____

Student Signature _____ Date _____

II. To Student

Your record will be available for review _____ Time _____

Authorized Staff Signature _____ Date _____

III. Please check the appropriate box

- I have reviewed my education record identified above.
- I am satisfied with its accuracy and completeness.
- I am not satisfied with its accuracy and completeness for the following reason: _____
- I request a copy of the record.

Student Signature _____ Date _____

IV. Remarks by Authorized Staff

Authorized Staff Signature _____ Date _____