



EAST TENNESSEE STATE
UNIVERSITY

STUDENT REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS

Student requesting to review records, please sign the following statement:

I wish to inspect my education record maintained in the Records Office of East Tennessee State University. I understand that, in accordance with the Family Educational Rights and Privacy Act, my record request will be made available for my review within 45 days. I understand that I will be notified when and where my record may be reviewed.

Signature: _____ Date: _____ ENumber: _____

Print name: _____ Telephone No.: _____

Address: _____

Records Custodian, please sign the following statement:

I received the request for _____ to review his/her educational records. I allowed him/her to review his/her record in the presence of an employee of the Office of the Registrar.

Signature: _____ Date: _____

Student, please sign one of the following statements:

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

Signature: _____ Date: _____

- b. I have inspected and/or have been informed of the contents of the requested education record and am NOT satisfied with its accuracy and completeness for the following reason(s):

Signature: _____ Date: _____

Records Custodian, please complete the following:

I observed the following behavior during the disposition of the request: _____

Signature: _____ Date: _____