

# Student Request to Inspect and Review Education Records



To: Custodian of Records (Registrar), Amridge University

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

---

---

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**To: Student**

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

**Date:** \_\_\_\_\_ **Registrar's Signature:** \_\_\_\_\_

---

**To: Custodian of Records**

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

**Date:** \_\_\_\_\_ **Student's Signature:** \_\_\_\_\_

---

**To: Custodian of Records**

*I have inspected 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 reasons(s) (use back of sheet if necessary):*

---

---

**Date:** \_\_\_\_\_ **Student's Signature:** \_\_\_\_\_

---

This form may not be submitted electronically. Return completed form to the Office of the Registrar, Amridge University, 1200 Taylor Road, Montgomery, AL 36109. Questions about this policy and procedure may be directed to the Office of the Registrar at 334.387. Students wishing to have their education records amended must submit a letter to the Office of the Registrar. Observations of the record custodian of disposition of this request should be written on the back of this sheet.

**Date:** \_\_\_\_\_ **Registrar's Signature:** \_\_\_\_\_