

Student Request to Inspect and Review Education Records

Office of the University Registrar, University of Richmond

10: The University Richr	mond, Office of the University Registrar
I wish to inspect the f Maintained in the follo Print Name (student): Student ID# Local/Campus Addre	
To: Student	
	ection of your records was received on: will be available for review on:
Date:	Signature:
To: Office of the University	ity Registrar
	or have been informed of the contents of the requested education identified above its accuracy and completeness.
Date:	Student's Signature:
To: Office of the Univers	ity Registrar
	or have been informed of the contents of the requested education identified above with its accuracy and completeness for the following reason(s) (use back of sheet if
Date:	Student's Signature:
form is available from the Office	ducation records amended must complete a "Request to Amend Education Records" form. This of the University Registrar, located in Sarah Brunet. Our mailing address is Office of the ampton Way, University of Richmond, Virginia, 23173.
Observations of the record custod	lian of disposition of this request should be written on the back of this sheet.
Date:	Signature:

28 Westhampton Way University of Richmond, VA 23173

www.richmond.edu 12/2008