



Student Request to Inspect and Review Education Records Office of the University Registrar, University of Richmond

To: The University Richmond, Office of the University Registrar

I wish to inspect the following educational record(s): _____
maintained in the following office(s): _____
Print Name (student): _____ Student ID# _____
Local/Campus Address: _____

To: Student

Your request for inspection of your records was received on _____
The requested record will be available for review on _____
Date: _____ Signature: _____

To: Office of the University Registrar

I have inspected and/or have been informed of the contents of the requested education identified above and am satisfied with its accuracy and completeness.
Date: _____ Student's Signature: _____

To: Office of the University Registrar

I have inspected and/or have been informed of the contents of the requested education identified above and am not satisfied with its accuracy and completeness for the following reason(s) (use back of sheet if necessary):

Date: _____ Student's Signature: _____

Students wishing to have their education records amended must complete a "Request to Amend Education Records" form. This form is available from the University Registrar's Office, Queally Center, 3rd floor, Univ. of Richmond, VA 23173.

Observations of the record custodian of disposition of this request should be written on the back of this sheet.

Date: _____ Signature: _____