



Student Request to Inspect and Review Education Records

The right to inspect and review the student's education records within 45 days of the date the University receives a request for access. Students should submit to the registrar, dean, head of the academic department, or other appropriate school official, written requests that identify the record(s) they wish to inspect. The University official will make arrangements for access and notify the student of the time and place where the record(s) may be inspected. If the record(s) are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

The following items are not considered educational records under FERPA:

- Employment records if employment is not contingent on student status; Records maintained by Public Safety; Records maintained by the Health Center; Alumni records; Faculty notes, data compilation, and administrative records kept exclusively by the maker of the records that are not accessible or revealed to anyone else.

I request to inspect my education records. In addition, I request to receive a copy of the disclosed records. ___ Yes ___ No.

If yes, scanned documents will be sent to the email address below.

UNIVERSITY ID#	LAST NAME	FIRST NAME	MI
EMAIL		PHONE	
DATE OF BIRTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	LAST DATE OF ATTENDANCE IF NOT CURRENTLY ENROLLED	

Student Signature: _____ Date: _____

To: Student

Your request for inspection of your record was received on _____.

The requested record will be available on _____.

Date: _____ School Official'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. Questions about this policy and procedure may be directed to the Office of the Registrar at (310) 338-2740.

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.

The undersigned certifies that the above request for access and/or copies of disclosed documents was complied with by:

Access and review granted on: _____. If requested, scanned copies were sent on _____.

Date: _____ Custodian's Signature and printed name: _____