REQUEST TO REVIEW EDUCATION RECORDS BY SCHOOL OFFICIAL

Date: 

Student Name: ______________ ID Number: ______________

Purpose of Review: ____________________________________________

Item(s) of Information Requested: __________________________________

Name of Requestor: ____________________________________________

Requestor’s Affiliation: __________________________________________

Office to Which Request Was Made: ________________________________

I hereby agree to keep the information disclosed to me confidential according to application legislation and regulations.

Requestor Signature: ____________________________ Date: ______________

DISPOSITION OF REQUEST: ______________ APPROVED _____ DISAPPROVED ___

SPECIFY MATERIALS REVIEWED (RECORDS, TYPES OF INFORMATION):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Date: ______________

Signature of Official Approving Request:

Date: ______________

Name and Title of Official Supervising Review:

Knight Campus, 400 East Avenue, Warwick, RI 02886-1807  P: 401.825.2003  F: 401.825.2394  
Liston Campus, One Hilton Street, Providence, RI 02905-2304  P: 401.825.2003  F: 401.455.6181  