STUDENT REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS

Date submitted: ______________________

To: Record Custodian

I wish to inspect my education record located in the following office(s). The student may review records created only by the student or by this institution.

<table>
<thead>
<tr>
<th>Student Name (Print)</th>
<th>ID Number</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Student Signature ______________________ Telephone No. ______________________

To: Record Custodian

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

Student Signature ______________________ Date ______________________

To: Record Custodian

I have inspected and/or have been informed of the contents of the requested record identified above and AM NOT satisfied with its accuracy and completeness for the following reason(s):

__________________________________________________________________________
__________________________________________________________________________

I hereby request a hearing with the Dean of Student’s to discuss this issue.

Student Signature ______________________ Date ______________________

Disposition of hearing recommendations:

__________________________________________________________________________
__________________________________________________________________________

Date ____________ Custodian Signature ________________________

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**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


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