



STUDENT REQUEST TO INSPECT AND REVIEW EDUCATIONAL RECORDS

Date submitted:

To Record Custodian:

I wish to inspect my educational record maintained in the Registrar's Office, specifically:

Student's Name:

ID#:

Student's Current Email:

Student's Address: Street/Apt

City

State

Zip

Student's Telephone/mobile:

Student Signature (type name)

To (student's name):

Your request for inspection of your record was received on:

The requested record was emailed on:

Northern Seminary Official's Signaturc (type name)

Title:

Date:

STUDENT'S RESPONSE TO INSPECTED AND REVIEWED EDUCATIONAL RECORDS

To: Record Custodian

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

Student's Signature:

Date:

OR

To: Record Custodian

I have inspected and/or have been informed of the contents of the requested educational record identified above and am not satisfied with its accuracy and completeness for the following reasons:

Student's Signature:

Date: