



Office of the Registrar

TENNESSEE TECH

STUDENT REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS FORM

To Custodian of Records:

Student Name: _____ T#: _____
(Last) (First) (MI)

Previous Last Name: _____ Phone: _____ Email: _____

Current Street Address: _____
(Street Number & Street Name) (City) (State) (Zip)

Date of Birth: _____ Are you currently enrolled at TTU? Yes No _____
(List Dates of Attendance)

"I wish to inspect my education record located within the following office(s) listed below:"

Student Signature: _____ Date: _____

To Student: Your request for inspection of your record was received on _____. The requested record will be available at _____ on _____.

School Official Signature: _____ Date: _____

To Custodian of Records: I have inspected or have been informed by the contents of the requested education record identified above and **am satisfied** with its accuracy and completeness.

Student Signature: _____ Date: _____

To Custodian of Records: I have inspected or have been informed by the contents of the requested education record identified above and **am not satisfied** with its accuracy and completeness for the following reasons:

Student Signature: _____ Date: _____

This form may not be submitted electronically. Requests must be made in person with valid photo ID. Questions about this policy and procedure may be directed to the Office of the Registrar. Students wishing to have their education records amended must submit a formal letter to the Office of the Registrar.

Record Custodian's Signature: _____ Date: _____