



TUSKEGEE UNIVERSITY

STUDENT REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS

To Record Custodian:

I wish to inspect my education record located in the Office of the Registrar.

-PLEASE PRINT CLEARLY-

ID NO. _____

_____-_____-_____-_____-_____-_____-
SOCIAL SECURITY NUMBER

LAST FIRST MI

PERMANENT HOME ADDRESS

CITY STATE ZIP CODE

(____)_____
HOME PHONE NUMBER

LOCAL ADDRESS

CITY STATE ZIP CODE

(____)_____
HOME PHONE NUMBER

I hereby agree to keep this information disclosed to me confidential according to applicable legislation and regulations.

STUDENT'S SIGNATURE

DATE