

**TUSKEGEE UNIVERSITY
Office of the Registrar**

STUDENT REQUEST TO INSPECT AND REVIEW ACADEMIC RECORDS

Date

ENTER INFORMATION ACCURATELY

To Record Custodian:

I wish to inspect my Education Record located in the Office of the Registrar.

Student ID #

Date of Birth

Last 4-Digits of SSN

Name: Last | First | MI

Address | City | State | Zip

Home Phone | Cell Phone

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

Student Signature and Date

REGISTRAR'S USE ONLY: Date Received/Completed Staff Initial

REMARKS

PROHIBITED

Photocopying and/or Taking pictures not permitted during inspection and review.