Carnegie Mellon University
University Registrar’s Office

Students requesting to view their academic record must complete this form prior to gaining access to their records. Documents to which the student has waived access will be removed prior to viewing. Any documents (whiteprints or transcripts) produced specifically for this review will be destroyed within 72 hours of the review.

Request to Review Academic Record

STUDENT INFORMATION

Student Andrew ID: __________________________ or Student ID Card #: __________________________

Student Name: ___________________________ Last/Family First and/or Preferred MI

Student E-mail: ___________________________ Student Phone #: ___________________________

Student Signature: ___________________________ Date: ___________________________

EXPLANATION OF PURPOSE FOR REVIEW

To be completed by student.


OFFICE USE ONLY

Date of Review: ___________________________

Name of ES Records Representative: ___________________________

Representative Signature: ___________________________ Date: __________

Return this form to the Registrar’s Office, Warner Hall, Lower Level.