

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.