

REQUEST TO REVIEW EDUCATION RECORDS (from a student)

TO: Registrar's Office
Southern Arkansas University Tech
P. O. Box 3499
East Camden, Arkansas 71711

FROM:

Date: _____

Name of Student _____ Student SSN _____

I have reviewed my education records held within the following offices at Southern Arkansas University Tech _____

Students who want to review their records must complete this form.

Access to the following records may **not** be granted to a student:

- *The financial records of the student's parents.*
- *Confidential letters and statements of recommendation, which were placed in the student's file before January 1, 1975.*
- *Confidential letters and statements of recommendation placed in the student's file after January 1, 1975 if the student has waived his or her right to inspect those documents;*
- *Education records containing information about more than one student, in which case the College will permit access only to that part of the record, which pertains to the inquiring student.*
- *Any other records which are excluded from the FERPA definition of education records (e.g., law enforcement records, medical records).*

Name of Student

Student Number

Date of Request

Item(s) of Education Records Requested

Office to Which Request Was Made

Other offices to which student was referred

Date the student was granted access to education records

Signature of official granting access

Date