

Request to Inspect and Review Education Records

Office of the Registrar



UNIVERSITY OF ST. THOMAS

Student Information

Student ID#: _____

Name: _____

Requestor (Fill out three fields below if you are not the student. Must be a confirmed third-party designee.)

Name: _____

Affiliation: _____

Phone Number: _____

Purpose of Review:

Item(s) of information requested:

Office to which request was made:

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

The Registrar will contact the requestor within 48 hours after the request is submitted. At that point, the requestor will receive notification of when they may return to the Registrar's Office to review the requested records. For students, notification will be sent through your @stthom.edu email address and/or the phone number we have on file.

Requestor Signature: _____ Date: _____

Office Use Only

Disposition of Request: _____ Approved _____ Denied

Specify Materials Reviewed: _____

Registrar's Name: _____

Registrar's Signature: _____

Date: _____
