

## STUDENT REQUEST TO REVIEW EDUCATION RECORDS

## Instructions:

- 1. Please read the Procedures for Inspection and Review of Education Records before filling out this form.
- 2. Submit the completed form to the Office of the Registrar at <u>registrar@nevadastate.edu</u> or at 1300 Nevada State Drive, Henderson, NV 89002.

| Name:   |                   | Date of Request:  |                            |
|---|-------------------|---|----------------------------|
| Last  | First             | MI  |                            |
| NSHE ID:  |                   | Phone #:  |                            |
| NSU Email:  |                   | Personal Email:   |                            |
| Address:  |                   |   |                            |
| Under the provisions of the<br>following education record | -                 | tion Rights and Privacy Act (FERPA), I hereby rec<br>Records to be reviewed): | juest to <b>review</b> the |
| For the following date ra                                 | -                 |   |                            |
| From:   | to                |   |                            |
| Purpose of Review:  |                   |   |                            |
| Student Signature:  |                   | Date:   |                            |
| You have the right to reque.<br>or misleading.            | st an amendment t | o your education record if you believe any of the                             | record is inaccurate       |
|   |                   | FOR OFFICE USE ONLY   |                            |
| Received by:  |                   | Date:   |                            |
| Inspection/Review date:                                   |                   | Supervised by:  |                            |