

Office of University Registrar
Fayetteville State University
300 Lilly Building
1200 Murchison Road
Fayetteville, North Carolina 28301

Request to Inspect and Review Education Records

Student

Record Custodian

LAST NAME

FIRST NAME

LAST NAME

FIRST NAME

STUDENT IDENTIFICATION NUMBER

LOCATION OF RECORD (OFFICE)

ADDRESS (LOCAL / ON-CAMPUS)

REQUEST RECEIVED (DATE)

CITY, STATE, ZIP

DATE AVAILABLE

TELEPHONE

CUSTODIAN SIGNATURE

I wish to inspect the following education record(s):

DATE

STUDENT SIGNATURE

.....
(COMPLETE SECTION BELOW AFTER RECORD(S) REVIEW)

I have inspected/been informed of the contents of the requested education record identified above and

- I am satisfied with its accuracy and/or completeness.
 I am **not** satisfied with its accuracy and completeness for the following reason(s):

DATE

STUDENT SIGNATURE

Students wishing to have their education records amended must complete a "Request to Amend or Remove Education Records" form. This form is available at <http://www.uncfsu.edu/documents/registrar/forms/request-record-ammend.pdf>.

Return this completed form to: Office of the Registrar, 3rd Floor Lilly Building, Fayetteville State University, Fayetteville, NC 28301

(Observations of the record custodian of disposition of this request should be written on the back of this sheet.)