**REGISTRAR'S OFFICE**
900 State Street
Waller Hall, First Floor
Salem, OR 97301
Phone: 503-370-6206
http://willamette.edu/dept/registrar/index.html

# REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS

**Procedure to inspect and review education records** – Students may inspect and review their education records upon written request. Students should submit a written request to the University Registrar at registrar@willamette.edu or other office which maintains the desired records. A request must identify as precisely as possible the record or records the student wishes to inspect. Proper identification will be required. The university office will make the needed arrangements as promptly as possible and notify the student of the time and place where records may be inspected. During this supervised inspection the student will be permitted to take hand written notes about the documents. The student will not be permitted to remove, take pictures of, or take photocopies of any documents. Access will be given within 45 days from the date of the receipt of the request. When a record contains information about more than one student, the student may inspect only those records which pertain to him or her.

I, the undersigned, having read the University policy on inspection and review of education records, hereby request that the Willamette University schedule an appointment with me to inspect and review my record. I understand that my appointment will be scheduled within a reasonable amount of time, but may take up to, but not more than forty-five (45) calendar days after receiving my request.

_____     _____
Last Name                                                            First Name

_____
Student Identification Number

Purpose of Review:

_____

_____

_____

Item(s) of Information Requested:

_____

_____

_____

I am/was enrolled in the:

☐ College of Arts and Sciences   ☐ College of Law   ☐ Pacific Northwest College of Art

☐ Atkinson Graduate School of Management   ☐ School of Computing and Information Sciences

_____     _____
Signature                                                            Date

Please contact me at _____ to schedule inspection and review of the requested record(s).

| For Office Use Only: |
| --- |
| Inspection Supervised by_____ Date_____ |