

Student Request to Inspect and Review Education Records



UNIVERSITY of DENVER

OFFICE OF THE REGISTRAR

To: Custodian of Records (Registrar), University of Denver

I wish to inspect my education record located in the following office(s):

Student Name: _____

Student Number: _____ Social Security Number: _____

Mailing Address: _____

City, State, Zip Code: _____

Student Signature: _____ Date: _____

To: Student

Your request for inspection of your record was received on _____ . The requested record will be available at _____ on _____ .

Date: _____ **School Official's Signature:** _____

To: Custodian of Records

I have inspected or have been informed of the contents of the requested education record identified above and am satisfied with its accuracy and completeness.

Date: _____ **Student's Signature:** _____

To: Custodian of Records

I have inspected or have been informed of the contents of the requested education record identified above and am not satisfied with its accuracy and completeness for the following reasons(s) (use back of sheet if necessary):

Date: _____ **Student's Signature:** _____

This form may not be submitted electronically. Return completed form to the Office of the Registrar, University of Denver, 2197 S. University Blvd, University Hall G033, Denver, CO 80208. Questions about this policy and procedure may be directed to the Office of the Registrar at 303.871.3897. Students wishing to have their education records amended must submit a letter to the Office of the Registrar. Observations of the record custodian of disposition of this request should be written on the back of this sheet.

Date: _____ **Record Custodian's Signature:** _____

Office of the Registrar

University Hall, G33 | 2197 S. University Blvd. | Denver, CO 80208 | 303.871.2284 | Fax 303.871.4300 | www.du.edu/registrar