

Department of Student Affairs  
[studentaffairs@atsu.edu](mailto:studentaffairs@atsu.edu)  
660.626.2236

## Student Request to Inspect & 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):

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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 upon request from Enrollment Services.