



UNIVERSITY OF SOUTH DAKOTA

Student Request to Inspect and Review Education Records

Date: _____ Student name (printed): _____

To (record custodian): _____

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

I wish to inspect the following record or records (identify as precisely as possible):

Student signature: _____

Address: _____

Telephone Number & Email Address: _____

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

Date: _____ Student signature: _____

I have inspected and/or have been informed of the contents of the requested education record(s) identified above and am not satisfied with its accuracy and completeness for the following reason(s) (student must specify the part of the record s/he wants changed and specify why s/he believes it is inaccurate, misleading, or in violation of his/her privacy or other rights):

Date: _____ Student signature: _____