Application for Review/Inspection of Student Records

(Submit to Registrar's Office once completed)

Student Inforn	nation:			
Last Name	First Name	M		
Eastern ID #				
Address (Local or O	n-Campus)			
City, State, Zip Code	2			
Daytime Telephone	Number			
<u>I wish to inspect the</u>	e following education record(s	<u>):</u>		
Student Signature (Print and Sign)		Date	
Record Custoa	lian:			
Student Name (Last	, First, Middle Initial)			
Location of Record	(Office)			
Request Received (Date)			
Date Available				
Custodian Signature	2			