

Enrollment Services
800 West Jefferson
Kirksville, MO 63501
(Ph) 660.626.2019 (Fax) 888.676.6701
enrollmentservices@atsu.edu

Student Request to Inspect and 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):

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 from Enrollment Services.