



SEATTLE UNIVERSITY

OFFICE OF THE REGISTRAR

901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

INSPECT AND REVIEW EDUCATION RECORDS REQUEST

RMRRINRC

~ Print in Ink ~

Under the Family Educational Rights and Privacy Act (FERPA), the University has forty-five (45) days within which to make the requested records available for inspection. This office will, however, strive to have the records available within ten (10) business days of this request. Photo ID is required at the time of inspection.

Seattle U ID: _____ Phone Number: (_____) _____
Area Code

Student Legal Name: _____ SU Email: _____@seattleu.edu
Last First Middle

Date of birth: ____/____/____ Former name (if applicable): _____
Month Day Year

Dates of attendance: _____ Date of graduation (if applicable): _____

TO: Custodian of the Academic Records

I wish to inspect my education records that are housed in the Office of the Registrar.

► Student Signature: _____ Date: _____

To be completed after record(s) review:

I have inspected the contents of my education records.

☐ I am satisfied with its accuracy and completeness.

☐ I am not satisfied with its accuracy and completeness for the following reason(s):

Students who wish to have their education records amended must submit a letter specifying the requested change to the Custodian of the Academic Record.

► Student Signature: _____ Date: _____

OFFICE USE ONLY:

Student Called by: _____

Date Called: _____

Date/Time of Review: _____