



Request to Inspect and Review Education Records

Student Name: _____	Student ID #: _____
Mailing Address: _____	Date of Birth: ___/___/___
City _____ State _____ Zip Code _____	
Phone Number: _____	Home _____ Mobile _____ Email Address: _____

I wish to inspect the following education records:

Student Signature

Date

Complete Section Below After Records Review

I have inspected/been informed of the contents of the requested education record identified above. Please initial the appropriate line below and provide any comments necessary:

_____ I am satisfied with its accuracy and/or completeness.

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

Student Signature

Date

- Electronic signature is accepted only if form is submitted through the My Attachments feature in your MyFVTC account or via your FVTC issued student email account.
- If not submitting the form online, it can be printed, completed, and signed by the student at any FVTC location.

Office Use Only

Records Custodian Name/Title:

Location of Records:

Date Request Received:

Date Available:

Notes:

Custodian Signature

Date