STUDENT REQUEST TO VIEW OFFICIAL EDUCATION RECORD

Office of the Vice Chancellor for Student Affairs Indiana University Southeast

Title or description	of Official Education Record	you want to r	review:	
Location, if known,	of Official Education Record	:		
Explanation of the r	eason you want to review this	o Official Edu	cation Record:	
Person to whom the	information may be disclosed	d:		
Student Name:		I.D.:		
Student Signature:		Date*:		
	es, IU Southeast has established hin a reasonable period of time, nade.			
	For Office of Stud	dent Affairs U	<u>Jse</u>	
Date Request Received:				
Date Student Notific				
Date Student Review				
File Review Monito	or:			
Acknowledgement of Completion of Review—Student Signature:				