

FACULTY/STAFF REQUEST TO REVIEW A STUDENT'S EDUCATIONAL RECORDS

Request Date: _____

Name of Student: _____

Student #: _____

A REVIEW OF THE FOLLOWING RECORD(S) IS REQUESTED:

PURPOSE OF REVIEW: _____

NAME AND POSITION/TITLE OF REQUESTER: _____

I hereby agree to keep the information disclosed to me confidential according to Biola University policies:

SIGNATURE OF REQUESTER: _____

APPROVAL BY RECORDS CUSTODIAN: _____

PROCEDURES:

1. This form is obtained from the Registrar's Office which will forward the request to the appropriate Records Custodian.
2. If approved by the appropriate Records Custodian, the above records may be reviewed in the office which maintains those records.
3. A log of all requests is maintained by the Registrar's Office.
4. This form, or a copy of it, will be placed in the file of the student whose records are reviewed.