

Location of Review: \_

## **Request to Inspect and Review Educational Records**

Name:		APU ID#:
Cell Phone:	Email:	
Address:		
Dates of Attendance (if not a cur	rent student mm/dd/yyyy):	to
To Request Record Rev	iew	
Please select educational record	you would like to review by che	ecking the appropriate box(es) below or
describing them in the space pro	vided:	
Academic Record	Student Affairs Record	Financial Services Record
Check if you would like a co	py of your records. A processing fee (\$	.10 per page) will be charged for all copy requests.
Signature:		Date:
	dent Services Center (see contact l dar days. A representative will cont	information below). Your record will be tact you to make arrangements.
To Be Completed After	Record Review	
I have inspected/been informed	of the contents of the requested	leducation record identified above and
I am satisfied with its accuracy and/or completeness.		
I am not satisfied with its	accuracy and/or completeness	for the following reasons(s):
Signature:		Date:
OFFICE USE ONLY:		
Name of Record Custodian:		Position:

## **Contact Information**

Azusa Pacific University • Student Services Center 901 E Alosta Avenue, P.O. Box 7000 Azusa, CA 91702-7000 Email: ssc@apu.edu • Phone: (626) 815-2020 • Fax: (626) 815-3809