



### RECORD REVIEW REQUEST

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**Name:** \_\_\_\_\_  
Last First Middle Initial

Please include any additional names under which your records may be found:

**Address:** \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State Zip Code

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

This document serves as your formal written request to review your student records at BridgeValley Community and Technical College. Once signed and submitted to the Office of the Registrar, you will be notified in writing or via another appropriate method, within 45 days to establish a day and time to review your records.

If you have a financial obligation (e.g. tuition, fees, books, equipment, property damage, etc.) at the time of your review, you will not be permitted to take photographs or otherwise obtain copies of your student records.

**Complaints concerning alleged failures by BridgeValley Community and Technical College to comply with FERPA may be mailed to the U.S. Department of Education at:**

Family Policy Compliance Office  
 U.S. Department of Education  
 400 Maryland Ave., SW  
 Washington, D.C. 20202-4605

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Any financial obligations to the college on behalf of the student must be satisfied before transcripts will be released.