

MIDDLESEX COUNTY COLLEGE, EDISON, NEW JERSEY 08818

**STUDENT REQUEST TO REVIEW EDUCATION RECORD**

Student Name (print)

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I.D. Number

Telephone

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Address

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Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended, and College policy and procedures. I wish to review my education record maintained in the following office \_\_\_\_\_

College Office or Department

Specific Record

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Student Signature

Date

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TO STUDENT: Your record will be available for review:

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Date

Time

Authorized Staff Signature

Date

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\_\_\_\_ I have reviewed my education record identified above.

\_\_\_\_ I am satisfied with its accuracy and completeness.

\_\_\_\_ I am not satisfied with its accuracy and completeness for the following reason:

\_\_\_\_ I request a copy of the record.

Student Signature

Date

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REMARKS BY AUTHORIZED STAFF:

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Authorized Staff Signature

Date

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