



NORTHWESTERN
UNIVERSITY

Request to Review Education Records

Last Name (Student) First Name

Student Identification Number

Address

Telephone

City, State, Zip

email address

Purpose of review:

Item(s) of information requested:

Office to which request was made:

Date

Student Signature

Request to review record was received on _____
Date

The requested record will be available for review on _____
Date

Materials reviewed:

Name of Staff

Authorized Staff Signature

Date of Review