Registrar's Office 150 Student Services & Admissions Center 1301 East Main Street Murfreesboro, TN 37132

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Custodian Signature: ____

REQUEST TO REVIEW EDUCATION RECORDS

Student Name:	Student M#:		
Student Address:	Street	City	State Zin
Student Telephone:	Street	^{City} Student E-mail:	State Zip
I wish to inspect the following specific education record(s):			
I would like a copy of standard copying:	the following specific education	n record(s) at a cost to me	of \$0.15 per page for
I would like the following specific education record(s) sent to:			
Name:	Fax Number:		
Mailing Address:			
Purpose:	Street	City	State Zip
I also understand that any individual entity receiving the records described below may be allowed to re-disclose my records without my knowledge or consent. I also understand that pursuant to Tennessee law and MTSU policy, my records cannot be released until all debts or obligations owed to MTSU have been satisfied.			
Student Signature:		Dat	e:
		CE USE ONLY	
Record Custodian:	Name(s)		
Date Request Received:	Da	te Payment Received:	
Estimated Cost for Copy: _	(\$0.15	per page) Actual Cost: _	
Date Available:	Date Reviewed:	Date Mailed:	

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