

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



REQUEST TO REVIEW EDUCATION RECORDS

Student Name:

Student M#:

Student Address:

Street

City

State Zip

Student Telephone:

Student E-mail:

I wish to inspect the following specific education record(s):

I would like a copy of the following specific education record(s) at a cost to me of \$0.15 per page for standard copying:

I would like the following specific education record(s) sent to:

Name:

Fax Number:

Mailing Address:

Street

City

State Zip

Purpose:

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: _____

Date: _____

FOR OFFICE USE ONLY

Record Custodian: _____

Printed Name(s)

Location(s) of record(s): _____

Date Request Received: _____ Date Payment Received: _____

Estimated Cost for Copy: _____ (\$0.15 per page) Actual Cost: _____

Date Available: _____ Date Reviewed: _____ Date Mailed: _____

Custodian Signature: _____