

Request to Inspect and Review Educational Records

To: Custodian of Records (Registrar), Baylor College of Medicine

I wish to inspect my education record located in the following office(s):

Student Name: _____

Student ID Number: _____

Mailing Address: _____

City, State, Zip Code: _____

Your request for inspection of your record was received on _____. The requested record will be available at _____ on _____.

Date: _____ Student's Signature: _____

I have inspected or have been informed of the contents of the requested education record identified above and am NOT satisfied with its accuracy and completeness for the following reason(s):

Date: _____ Student's Signature: _____