

## **MILLIKIN** UNIVERSITY<sub>®</sub>

Registrar's Office 1184 West Main Street Decatur, Illinois 62522

> 217.424.6217 217.420.6789 www.millikin.edu

## **Request to Inspect Records**

Student Information:	
Name:	Student ID #:
Previous Name (if applicable):	
Office in which Request was made :	
Phone:	Email:
	to inspect and review his/her education record(s) within 45 days or access. A student should submit to the Office of the Registrar a dent wishes to inspect.
Request to Inspect Student Records:	
What record(s) do you request to personally	y inspect?
Student Signature:	Date:
Office Use Only:	
Date Record Was Reviewed:	Time Reviewed:
Signature Of Student Once Record is Revie	ewed:
Office Official Signature:	Date: