

## 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: \_\_\_\_\_

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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: \_\_\_\_\_