

**ILLINOIS STATE UNIVERSITY
REQUEST TO REVIEW EDUCATION RECORDS**

Date: _____

NAME OF STUDENT: _____

STUDENT UID: _____

PURPOSE OF REVIEW: _____

ITEM(S) OF INFORMATION REQUESTED: _____

NAME OF REQUESTER:

REQUESTER'S AFFILIATION:

OFFICE TO WHICH REQUEST WAS MADE: _____

I hereby agree to keep the information disclosed to me confidential according to applicable

legislation and regulations.

Signature _____ Date _____

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DISPOSITION OF REQUEST: ____ APPROVED ____ DISAPPROVED

SPECIFY MATERIALS REVIEWED (RECORDS, TYPES OF INFORMATION):

Signature of Official Approving Request _____ Date _____

Name and Title of Official Supervising Review _____ Date _____