



JOLIET JUNIOR COLLEGE
Office of the Registrar

STUDENT REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS

Date submitted: _____

To: Record Custodian

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

Print Name (Student) _____

Address _____

Student's Signature _____ Telephone No. _____

To: Student

Your request for inspection of your record was received on _____ (date)

The requested record will be available at _____ (office) for review on _____ (date)

School Official's Signature _____ Date _____

To: Record Custodian

I have inspected and/or have been informed of the contents of the requested education record identified above and am satisfied with its accuracy and completeness.

Student's Signature _____ Date _____

To: Record Custodian

I have inspected and/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):

Student's Signature _____ Date _____

Observations of the record custodian of disposition of the request:

Custodian's Signature _____ Date _____

I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

Student's Signature _____ Date _____

Return signed copy to: RECORDS OFFICE
Joliet Junior College
1216 Houbolt Rd.
Joliet, IL 60431