



Office of the Registrar  
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## REQUEST TO REVIEW RECORDS

(FAU has 30 days to comply with request)

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

***Allow 2 – 4 business days to process your request***

*We may not release copies of student records. A fee of \$0.15 per copy may be charged.*

***Documents requested for viewing:***

Student Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

\_\_\_\_\_

File Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_