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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: _____