



Student Records • 928 Manchester Expressway • Columbus, GA 31904-6572 • Phone (706) 649-1857 • FAX (706) 649-1681

Student Request to Inspect and Review Education Records

Student ID #: _____

Student Name (Printed): _____

Last

First

MI

I hereby request to inspect and review the following information from my education records. (Please describe the information you wish to inspect as precisely as possible.)

Please sign and date your request below. Columbus Technical College will make the needed arrangements for access to the information as promptly as possible and notify you of the time and place where the records may be inspected. Access will be given within a reasonable period of time, but not more than 45 days after the College has received the request. Please bring a photo ID to the records inspection.

Student Signature _____ **Date** _____

Contact Phone Number: _____

Contact Mailing Address: _____

For Office Use Only

Date Request Received: _____

Date of Review: _____

Location of review: _____

CTC personnel assisting requestor: _____ Title: _____

Signature of Registrar: _____ Date: _____