Heidelberg UNIVERSITY
Office of the Registrar

REQUEST TO REVIEW ACADEMIC RECORD

To be completed by Student

Please print clearly, unless otherwise stated.
I wish to inspect my educational record located in the following location(s):

Received from student:

___ Office of the Registrar   ___ Academic Affairs
___ Student Affairs   ___ Admissions/Financial Aid
___ Departmental Files : _____
___ Other: _____

_____   _____
Student Name   Student ID

_____
Mailing address

_____   _____
Student Signature   Phone

To be completed by Registrar

Meeting is to be arranged with student within 45 calendar days of original request date in box above. Student is to be informed in writing via US mail at least one week prior to the meeting. Additional means of contact are encouraged. The University is under no obligation to provide paper copies of any record, but a given record custodian may elect to do so. No grade card or transcript should ever be released by any office other than the Office of the Registrar.

Beginning with the request for information, no records can be removed from paper or electronic files until after the review is completed.
Request forwarded to Record Custodian: _____ _____
                                                                    Name, Title   Date

To be completed by record custodian*

Your request to review your academic record was received in our office on _____.

You may review your record on _____ in _____.
                                                      Date   Location
_____will assist you in the review of this record.
Name, Title

For questions contact: _____ _____
                                              Name   Phone

To be completed by Student*

I have inspected and/or have been informed of the contents of the requested educational record identified above and:
_____ I am satisfied with the accuracy/completeness   OR _____ I am not satisfied with the accuracy or completeness for the following reason(s): (attach additional page if needed)

Student's signature _____ Date _____

To be completed by record custodian

Response of Record Custodian to student evaluation above:

Signature _____ Date _____

*At each stage, copies are to be forwarded to the Office of the Registrar. The University is not required to provide copies unless distance precludes a student from physically viewing their record; standard costs will apply when a copy is requested.