



# Request to Inspect and Review Educational Records

Undergraduate | Graduate | Professional

Name: \_\_\_\_\_ APU ID#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Dates of Attendance (if not a current student mm/dd/yyyy): \_\_\_\_\_ to \_\_\_\_\_

## To Request Record Review

Please select educational record you would like to review by checking the appropriate box(es) below or describing them in the space provided:

Academic Record

LEC Record

Student Life Record

Financial Services Record

Check if you would like a copy of your records. A processing fee (\$.10 per page) will be charged for all copy requests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit this form to Undergraduate Enrollment Services Center or the Graduate and Professional Center (see contact information below). Your record will be available to review within 45 calendar days. A representative will contact you to make arrangements.*

## To Be Completed After Record Review

I have inspected/been informed of the contents of the requested education record identified above and

I am satisfied with its accuracy and/or completeness.

I am not satisfied with its accuracy and/or completeness for the following reasons(s):

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Name of Record Custodian: \_\_\_\_\_ Position: \_\_\_\_\_

Location of Review: \_\_\_\_\_

#### Contact Information

**Undergraduate:** Azusa Pacific University • Undergraduate Enrollment Services Center • 901 E Alosta Avenue, P.O. Box 7000 • Azusa, CA • 91702-7000

Email [uesc@apu.edu](mailto:uesc@apu.edu) • Phone (626) 815-2020 • Fax (626) 815-3809

**Graduate and Professional:** Azusa Pacific University • Graduate and Professional Center • P.O. Box 7000 • Azusa, CA • 91702-7000

Email [gpc@apu.edu](mailto:gpc@apu.edu) • Phone (626) 815-4570 • Fax (626) 815-4545