



**WE ARE NEW YORK'S LAW SCHOOL**

**STUDENT REQUEST FOR INSPECTION AND REVIEW**

**Family Educational Rights and Privacy Act**

Submit to: Office of the Registrar

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

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

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

\_\_\_\_\_

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

Phone: \_\_\_\_\_

I request to inspect and review the following education records:

I understand that I will be provided with access to the above-requested records within forty-five (45) days of the date of this request.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised July 2020