



# COLUMBUS TECHNICAL COLLEGE

## STUDENT CONSENT TO INSPECT AND REVIEW EDUCATION RECORDS

Student ID #: \_\_\_\_\_

Student Name  
(Printed): \_\_\_\_\_

*Last*

*First*

*MI*

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

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

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: \_\_\_\_\_

College employee assisting requestor: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Registrar/Assistant: \_\_\_\_\_ Date: \_\_\_\_\_