



Request to Inspect and Review Educational Records

To: Custodian of Records (Registrar), Baylor College of Medicine

I wish to inspect my education record located in the following office(s):

Student Name: _____

Student ID Number: _____

Mailing Address: _____

City, State, Zip Code: _____

Your request for inspection of your record was received on _____. The requested record will be available at _____ on _____.

Date: _____ Registrar's Signature: _____

To: Student

I have inspected or have been informed of the contents of the requested education record identified above and **am satisfied** with its accuracy and completeness.

Date: _____ Student's Signature: _____

I have inspected or have been informed of the contents of the requested education record identified above and **am NOT satisfied** with its accuracy and completeness for the following reason(s):

Date: _____ Student's Signature: _____

This form may not be submitted electronically. Return completed form to the Office of the Registrar, One Baylor Plaza (M-210), Houston, TX 77030. Questions about this policy and procedure may be directed to the Office of the Registrar at registrar@bcm.edu. Students wishing to have their education records amended must submit a letter to the Office of the Registrar.

Date: _____ Registrar's Signature: _____
