

**KING UNIVERSITY
REQUEST TO REVIEW EDUCATION RECORDS**

Date: _____

Name of Student: _____

Student ID Number: _____

Purpose of Review: _____

Item(s) of information requested: _____

Name of requestor: _____

Requestor's affiliation: _____

Office to which request was made: _____

I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

Signature _____ Date _____

Disposition of Request: _____ Approved _____ Disapproved

Specify materials reviewed (Records, types of information):

Signature of official approving request _____ Date _____

Name and title of official supervising review _____ Date _____