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 ______