Office of the Registrar

6965 Cumberland Gap Pkwy., DAR 102

Harrogate, TN 37752

(423)869-6434

**Record of Education Record(s) Review**

This form is to be completed by the Student and the University official present at the inspection and review of the education record(s). Once completed, the University official must return this form to the Registrar where a copy will be placed in the student’s file.

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| --- |
| **Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_  **LMU email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I requested to review and inspect my education record(s). The following record(s) were inspected and reviewed:

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

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I reviewed these records on the date indicated below, and the records were accurate.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_