



Request to Inspect and Review Education Records

Please Print in Ink or Type

Student ID Number: _____

Medical Student

Health Professions

Student Full Legal Name: _____

Daytime Telephone Number: _____

Program: _____

Year: _____

To: EVMS Registrar/Health Professions Program Director

- I wish to inspect my education records maintained by Eastern Virginia Medical School.

Student's Signature: _____

Date: _____

Picture ID Required at the Time of Inspection

Under FERPA, EVMS has forty-five (45) days to make the requested records available for inspection. At the time of inspection/review, students may request a copy of their record, but shall not remove any portion thereof. Additionally, students may not inspect or review the following: financial records of parents or any information contained therein; materials to which the student has waived his right of inspection and review including confidential letters and recommendations associate with admission, employment or job placement; or education records containing information about more than one student, in which case EVMS will permit access only to that part of the record which pertains to the inquiring student.

FOR OFFICE USE ONLY:

Date Request Received: _____

Date Student Called: _____

Student Called by:

Date/Time Student Reviewed Records: _____

Name of Person Supervising Review: _____

or

Date Copy of Record Provided to Student: _____

NOTES: