



COMMUNITY COLLEGE  
OF RHODE ISLAND  
Office of Enrollment Services

**STUDENT REQUEST TO INSPECT AND REVIEW EDUCATION RECORDS**

Date submitted: \_\_\_\_\_

To: Record Custodian

I wish to inspect my education record located in the following office(s). The student may review records created only by the student or by this institution.

Student Name (Print) \_\_\_\_\_

ID Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Signature \_\_\_\_\_ Telephone No. \_\_\_\_\_

To: Record Custodian

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

To: Record Custodian

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

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

I hereby request a hearing with the Dean of Student's to discuss this issue.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Disposition of hearing recommendations:

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

Date \_\_\_\_\_ Custodian Signature \_\_\_\_\_

**Flanagan Campus**, 1762 Louisquisset Pike, Lincoln, RI 02865-4585 - P: 401.825.2003, F: 401.333.7122

**Knight Campus**, 400 East Avenue, Warwick, RI 02886-1807 - P: 401.825.2003, F: 401.825.2394

**Liston Campus**, One Hilton Street, Providence, RI 02905-2304 - P: 401.825.2003, F: 401.455.6181

**Newport County Campus**, One John H. Chafee Blvd. Newport, RI, 02840 - P: 401.825-2003, F: 401.851.1627