



REQUEST TO REVIEW STUDENT RECORDS

Student Name: _____ ID: _____

Oconee Fall Line Technical College affords all previously or presently enrolled student the right to review their student file. This request must be submitted and appointment made so that an official may be present during the review. Ample time will be given to the student to review the file. If copies are needed, there will be a \$2.00 charge for each page copied.

Student Signature _____ Date _____

Request of review of records approved:

School Official _____ Date _____

Appointment date/time/place for review of records _____

Review of records completed:

Student Signature _____ Date _____

School official present _____ Date _____