

Office of Student Records and Registration 1400 College Drive Waco, TX 76708 (254) 299-8507

Fax: (254) 299-6210

E-mail: register@mclennan.edu

Student Request to Inspect and Review Education Records

Please Print Legibly

| Student | Stu | ıde | nt |
|---------|-----|-----|----|
|---------|-----|-----|----|

| Last Name | First Name |
|--|------------|
| Student Identification Number | |
| Address (Local/On-Campus) | |
| City, State, Zip | |
| Telephone | |
| I wish to inspect the following education record(s): | |
| | |
| | |
| Date | Signature |
| Records Custodian | |
| Last Name | First Name |
| Request Received (DATE) | |
| Date Available | |
| Custodian Signature | |
| | |
| Office of Student Records Use Only: | |
| Processed by: | Date |