SAVANNAH TECHNICAL COLLEGE

REQUEST TO INSPECT AND REVIEW RECORDS

DATE: ________________________________

TO: Registrar

I wish to inspect the following records:
_________________________________________________________________________________
_________________________________________________________________________________

Name of Requestor ________________________________________________________________

ID # ____________________________________________________________________________

___ Records were correct.

___ Records were incorrect and would like to request an amendment of education records. Attach
letter identifying incorrect information and why information is incorrect.

Date of record review _______________________________________________________________

Location of review_________________________________________________________________

STC Official assisting requestor ______________________________________________________

First Appeal

Registrar's Findings ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Amendment to record     ____approved      ____denied

Signature of Registrar ____________________________________________  Date______________