



Office of the Registrar

# REQUEST TO EXAMINE STUDENT RECORD

This form must be completed by the student requesting to see his/her records. Information may not be available on demand, therefore, an appointment may be scheduled for the examination of your records.

Name: \_\_\_\_\_

UTD-ID Number:

Your UTD Identification Number (UTD-ID) is requested as it is a unique ID which is maintained for the purpose of accuracy in tracking information. The disclosure of such information is voluntary. Disclosure of your UTD-ID is governed by the Public Information Act (Chapter 552 of the Texas Government Code). With few exceptions, you are entitled, at your request, to be informed about the information UTD collects about you. Under Sections 552.021 & 552.023 of the TX Govt. Code, you are entitled to receive and review the information. Under Section 559.004 of the TX Govt. Code, you are entitled to have UTD correct information about you that is held by UTD and that is incorrect.

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Reason for request: \_\_\_\_\_

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

Request Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Registrar's Office Representative Signature: \_\_\_\_\_

Date of Examination: \_\_\_\_\_