

Request to View Student Education Records

Office of the Registrar
Bethel University
3900 Bethel Drive / 2 Pine Tree Drive
St. Paul, MN 55112

TO BE COMPLETED BY STUDENT

This form is to be used to comply with students' rights to inspect their education records upon written request.
It is not for submitting records to a third party.

PLEASE PRINT:

Student Name: _____ ID Number: _____

Records Requested to View: _____

Location of Record(s): _____

Approximate Dates of Attendance _____

If the student is not on campus, arrangements will be made for the student to view the records.

Please provide the student's address, email, phone:

Signature of Student: _____ Date: _____

Office Use Only:

Completed by _____ Date: _____

*Transcripts should be requested from the issuing institution.

Institutions have 45 days from the receipt of the student's written request to inspect their educational records to fulfill the request.