

**REQUEST FROM AN OUTSIDE AGENCY TO REVIEW A STUDENT'S
EDUCATIONAL RECORDS**

Request Date: _____

Name of Student: _____

Student #: _____

Address: _____

Telephone number and extension: _____

Name of representative: _____

Position/Title _____

A REVIEW OF THE FOLLOWING RECORD(S) IS REQUESTED:

PURPOSE OF REVIEW: _____

I hereby agree to keep the information disclosed to me confidential according to Biola University policies:

SIGNATURE OF REQUESTER: _____

APPROVAL BY RECORDS CUSTODIAN: _____

PROCEDURES:

1. This form is obtained from the Registrar's Office which will forward the request to the appropriate Records Custodian.
2. If approved by the appropriate Records Custodian, the above records may be reviewed in the office which maintains those records.
3. A log of all requests is maintained by the Registrar's Office.
4. This form, or a copy of it, will be placed in the file of the student whose records are reviewed.