



Student Request to Inspect & Review Education Records

To Office of the Registrar:

Student Name: _____ Rebel ID #: _____

Phone Number: (____) _____ Email Address: _____

I wish to inspect the following item(s) from my education record:

I wish to see my education record for the following date range:

From _____ to _____

Purpose of Review: _____

Student Signature: _____ Date: _____

To Student:

The Registrar's office will contact you within 45 days or, a reasonable timeframe for which to gather the records depending on the scope and scale of the request, using the email address listed above, to schedule a date, time, and location for you to review your record.

You have the right to request amendment to your education records if, after review, you believe any of them to be inaccurate.

Contact:

Office of the Registrar

University of Nevada Las Vegas

4505 Maryland Pkwy. Box 1029

Las Vegas, Nevada 89154

Ph (702) 895-3443

Email: registrar@unlv.edu