



Student Request to Inspect & Review Education Records (FERPA)

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.

If after inspection of records you are not satisfied with its accuracy and completeness, you have the right to submit an appeal.

Contact:

Office of the Registrar
University of Nevada Las Vegas
4505 Maryland Pkwy. Box 1029
Las Vegas, Nevada 89154
Ph (702) 894-2916 Fax 895-4987