

EAST CENTRAL UNIVERSITY

REQUEST TO REVIEW DISCIPLINARY RECORD

Note: Policies and procedures related to student disciplinary records are governed by the Family Educational Rights and Privacy Act of 1974.

I, _____
(Print Full Name) *(Student ID No.)*

am making a written request to inspect, review, and obtain a copy (or portions thereof) of my disciplinary record. I understand that Judicial Affairs of East Central University shall provide me with this opportunity in not more than 30 days from the date of my written request. I further understand that I will be charged \$.15/page for any requested copies and I must pick-up said copies within 10 days of notification. I also understand that I will be notified by via phone or email, that said copies are available.

(Signature of Student) *(Date)*

(Mailing Address) *(City, State, Zip)*

(Telephone Number)

(Signature of Witness) *(Date)*