

**WILLIAM PENN UNIVERSITY**  
201 Trueblood Ave. ~ Oskaloosa, IA 52577  
PH: 641-673-1082 FAX: 641-673-1390

## *Request to Inspect and Review Education Records*

### ***Student Information***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
\_\_\_\_\_

Student Identification Number  
\_\_\_\_\_

Street Address  
\_\_\_\_\_

City, State, Zip  
\_\_\_\_\_

Telephone  
\_\_\_\_\_

Email  
\_\_\_\_\_

### ***Record Custodian Information***

Request Received (Date)  
\_\_\_\_\_

#### ***I wish to inspect the following education record(s):***

Name of Record	Location of Record (office)
_____	_____

_____	_____
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_____	_____
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_____	_____
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(a separate sheet may be attached, if necessary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*FERPA controls access to student education records. WPU will make a reasonable effort to provide eligible students and qualifying parents the rights granted by the Act. Students are encouraged to submit to the Registrar or to the appropriate university official(s) a written request that identifies as precisely as possible the record the student wishes to inspect and the location of the record. The Registrar or appropriate university official(s) will make reasonably prompt arrangement, generally within 45 days, for access and notify the student of the time and place where records may be inspected. In those instances when the university is willing to allow copies, those with legitimate access to the records will be charged a reasonable fee for the copies.*

#### **OFFICE USE ONLY**

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Identification Checked: \_\_\_\_\_

Disposition of request:  Approve  Disapprove

If disapproved, give reason: \_\_\_\_\_

Specify materials reviewed (records, types of information):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of official supervising review  
\_\_\_\_\_

Date  
\_\_\_\_\_

Title  
\_\_\_\_\_

Signature of Official Approving Request  
\_\_\_\_\_