Request to Inspect and Review Education Records
Please Print in Ink or Type

Student ID Number: ___________________

[ ] Medical Student  [ ] Health Professions

Student Full Legal Name: ______________________________________________________

Daytime Telephone Number: __________________________________

Program: ______________________   Year: ___________________

To:  EVMS Registrar/Health Professions Program Director
    ○ I wish to inspect my education records maintained by Eastern Virginia Medical School.

Student’s Signature: _______________________________   Date:  ____________

*Picture ID Required at the Time of Inspection*

Under FERPA, EVMS has forty-five (45) days to make the requested records available for inspection. At the time of inspection/review, students may request a copy of their record, but shall not remove any portion thereof. Additionally, students may not inspect or review the following: financial records of parents or any information contained therein; materials to which the student has waived his right of inspection and review including confidential letters and recommendations associate with admission, employment or job placement; or education records containing information about more than one student, in which case EVMS will permit access only to that part of the record which pertains to the inquiring student.

FOR OFFICE USE ONLY:
Date Request Received:  _______________________________

Date Student Called: ________________   Student Called by: ____________________

Date/Time Student Reviewed Records: __________________________

Name of Person Supervising Review: ____________________________
or

Date Copy of Record Provided to Student: _______________________

NOTES: