



Student Request to Inspect & Review Education Records (FERPA)

To Registrar's Office:

Student Name

Star ID or Dragon ID

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| | |
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Phone Number

Email Address

| | |
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Student Signature: _____ Date: _____

I wish to inspect my education record located in the following office(s):

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To Student:

Your request for inspection of your records was received on _____ (date).

The record will be available at _____ (office) on _____ (date).

Registrar Signature: _____ Date: _____

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

Contact:

Minnesota State University Moorhead
Registrar's Office | Owens Hall 210
1104 7th Ave S
Moorhead MN 56563
Phone: 218.477.2565 Fax: 218.477.2941
Email: Registrar@mnstate.edu

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