



Request to Inspect and Review Education Records

Cambridge College
Office of the Registrar
500 Rutherford Ave.
Boston, MA 02129
Phone: 617-873-0101
Fax: 617-242-0026
registrar@cambridgecollege.edu

Name _____ Student ID number: _____

Address: _____

Phone:_(_____)_____

Method of delivery (email, mail, fax, in person):_____

I wish to inspect the following student records:

(Student Signature) (Today's Date)

FOR INTERNAL USE ONLY:

RECORD CUSTODIAN:_____

LOCATION OF RECORD:_____

REQUEST RECEIVED (DATE):_____

DATE AVAILABLE:_____

CUSTODIAN SIGNATURE:_____