



Red Lake Nation College Request to Inspect & Review Academic Record

Student Information

Student Name: _____ ID: _____

Student Email: _____ Student Phone: _____

Student Signature: _____ Date: _____

Explanation for Purpose of Review

(Completed by student)

Return the completed form to the Director of Student Services.

Office Use Only

Date of Review: _____

Name of Records Representative: _____

Representative's Signature: _____ Date: _____