



Office of the Registrar  
615 City Park Avenue, New Orleans, LA 70119

## Request to Inspect and Review Education Records

### Student

(To be completed by Student)

### Record Custodian

(To be completed by Registrar's Office when received)

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

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

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

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

\_\_\_\_\_  
Student LoLA ID

\_\_\_\_\_  
Location of Record (Office)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Date records will be available

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Custodian's Signature

I wish to inspect the following record(s):

\_\_\_\_\_  
\_\_\_\_\_

Reason for request:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date