REID STATE TECHNICAL COLLEGE
REQUEST FOR REVIEW OF RECORD

TO BE COMPLETED BY STUDENT:

Date_____

Student ID Number _____

I._____, wish to review my record in
(Print Name)
the Enrollment Management Office.

Signed_____

FOR OFFICE USE ONLY:

This record contains the following:

____Application for admission to the College
____High School Transcript/GED
____College(s) Transcript
____Permanent Record
____Transcript Request Form(s)
____Social Security Verification Form(s)
____Full Time Status Verification Form(s) – Financial Agencies
____ "B" Form(s)
____Grade Change Form(s)
____Name and Address Change Form(s)
____Graduation Checksheet

Enrollment Manager Signature_____ Date Reviewed_____

-or-

Enrollment Management Office

Personnel Signature_____ Date Reviewed_____