



**Request to Inspect and Review
Education Records**

Office of the Registrar, Eckhart Hall 1ST Floor,
347 S. Gladstone Ave. Aurora, IL 60506
Phone: 630-844-5462 Fax: 630-844-5463
registrar@aurora.edu

STUDENT INFORMATION

Full Name: _____ Student ID: _____
Last Name First Name Middle Name

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Email Address: _____

I wish to inspect the following education record(s):

Student Signature: _____ Date: _____

FOR OFFICE USE

Registrar's Office Staff Member: _____ Title: _____
Last Name First Name

Location of Record(s): _____

Request Received Date: _____ Date Available: _____

Signature: _____ Date: _____