ROBERTS WESLEYAN COLLEGE

Request to Review Academic Record

Name _____

PCID # _____ Phone _____

Address _____

_____

Former Name(s) _____

Undergraduate ☐ Graduate ☐ Non-traditional ☐

Last Semester of Attendance / Graduation Date _____

I understand that in compliance with the Family Educational Rights and Privacy Act (FERPA), RWC/NES must complete this request within 45 days from the date of the request. Access will be denied **only** for reasons specifically authorized by the act and applicable regulations.

Signature _____ Date _____

Please return completed form to the Registration Office – Rinker Community Service Center – Lower Level
Roberts Wesleyan College, 2301 Westside Drive, Rochester, NY 14624 Fax 585.594.6925

Updated: 8/2016