



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 _____