



COMMUNITY COLLEGE  
OF RHODE ISLAND

Office of Enrollment Services

**REQUEST TO REVIEW EDUCATION RECORDS BY SCHOOL OFFICIAL**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Purpose of Review: \_\_\_\_\_

Item(s) of Information Requested: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Requestor's Affiliation: \_\_\_\_\_

Office to Which Request Was Made: \_\_\_\_\_

**I hereby agree to keep the information disclosed to me confidential according to application legislation and regulations.**

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISPOSITION OF REQUEST: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

SPECIFY MATERIALS REVIEWED (RECORDS, TYPES OF INFORMATION):

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

\_\_\_\_\_  
Signature of Official Approving Request: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Official Supervising Review: \_\_\_\_\_ Date: \_\_\_\_\_

**Flanagan Campus**, 1762 Louisquisset Pike, Lincoln, RI 02865-4585 P: 401.825.2003 F: 401.333.7122

**Knight Campus**, 400 East Avenue, Warwick, RI 02886-1807 P: 401.825.2003 F: 401.825.2394

**Liston Campus**, One Hilton Street, Providence, RI 02905-2304 P: 401.825.2003 F: 401.455.6181

**Newport County Campus**, One John H. Chafee Blvd. Newport, RI, 02840 P: 401.825.2003 F: 401.851.1627