



Idaho College of Osteopathic Medicine

## Formal Request to Review Educational Records

<b>Student Name</b>	<b>Student ID</b>
---------------------	-------------------

**What records are you requesting to review:**

- Application for Admission
- College Transcript
- Disciplinary Documents
- Financial Statements
- Other (if not one of the above items, you must specify in detail what records you are requesting below)

**Please specify other:** \_\_\_\_\_

\_\_\_\_\_

**Please provide reason for inspection of record:** \_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By typing my name above, it serves as an official signature to request records*

***Documents will be made available for inspection by appointment with the Registrar, no longer than 45 days from date of formal request.***

**Please email completed form to [aahmadian@icom.edu](mailto:aahmadian@icom.edu)**

**For Office Use Only:**

Signature of Registrar: \_\_\_\_\_ Date received: \_\_\_\_\_

Appointment scheduled with student for: \_\_\_\_\_