



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 Items
- Academic Information
- Disciplinary Documents
- Financial Records

**Purpose of requesting file review:** \_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date of request:** \_\_\_\_\_  
*By typing my name above, it serves as an official signature to request records*

**Decision:**                      **Approved**                      **Denied**

**Request approved/denied by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If applicable, reason for denial:** \_\_\_\_\_  
\_\_\_\_\_

*If approved for review, documents will be made available by appointment with the Registrar, no longer than 45 days from date of approval.*

To submit, please save this document and attach it in an email to: [aahmadian@idahocom.org](mailto:aahmadian@idahocom.org)

|   |                      |
|---|----------------------|
| <b>For Office Use Only:</b>                   |                      |
| Signature of Registrar: _____                 | Date received: _____ |
| Appointment scheduled with student for: _____ |                      |