

UNIVERSITY of PENNSYLVANIA
THE WHARTON SCHOOL UNDERGRADUATE DIVISION

STUDENT REQUEST TO INSPECT AND REVIEW OFFICIAL RECORDS FORM

(Please Print)

Current Date: _____

Penn ID#: _____

SSN #(Last 4 Digits): _____

Name: _____
Last Name First Name

Local Phone #: _____

Local Address: _____

Expected Graduation Date: _____ E-Mail: _____

DAY SCHOOL

OTHER: _____

DATES OF ATTENDANCE: _____

MATERIAL TO BE REVIEWED: _____

DATE REQUEST GRANTED: _____

MATERIAL REVIEWED: _____

NAME OF PERSON SUPERVISING INSPECTION: _____

ACKNOWLEDGMENT OF REVIEW: _____

Signature of Student

Date