



REVIEW OF RECORDS

Return completed form to:
ANGELINA COLLEGE OFFICE OF THE
REGISTRAR

PO Box 1768, Lufkin, TX 75902

Phone: (936) 633-5210 Fax: (936) 633-3206

Email: registrar@angelina.edu

- Upon review of records, you will be notified of a decision of action.
- The review of records will be processed within two weeks.

SSN or Student ID#: _____

Student Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Semester(s) for Which Review is Requested: _____

I am requesting that the above semester be reviewed. I do not agree with the grade posted on my transcript because of the following reason:

Student Signature

Date