



**Red Lake Nation College**  
**Request to Inspect & Review Board of Regents Minutes**

**Requester Information**

Requester Name: \_\_\_\_\_

Requester Email: \_\_\_\_\_ Requester Phone: \_\_\_\_\_

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requester's Relationship to the College (board member, employee, community member):  
\_\_\_\_\_

**Explanation for Purpose of Review**

(Completed by requester)

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

Return the completed form to the Vice President of Academic Affairs.

**Office Use Only**

Date of Review: \_\_\_\_\_

Name of Records Representative: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_