# Student Request to Access His/Her Education Records

This form must be submitted to the appropriate record custodian’s office at TTUHSC EP. If a student is uncertain as to what office maintains the records at issue, the student shall submit a written request for assistance to the Senior Vice President for Academic Affairs or designee. If access to the record is granted, the record custodian will place the original copy of the completed form with the student’s record which was accessed.

<table>
<thead>
<tr>
<th>Please Print or Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Student ID Number:</td>
</tr>
<tr>
<td>Address:</td>
<td>School:</td>
</tr>
<tr>
<td>City/State/Zip Code:</td>
<td>Classification:</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Email:</td>
</tr>
<tr>
<td>Cell Phone (if available):</td>
<td></td>
</tr>
</tbody>
</table>

TO: ___________________________ (Insert Name of Records Custodian)

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby request access to my education records as follows:

A. I request to inspect the following education records:

_______________________________________________________________________

B. These records are located in the following office(s):

_______________________________________________________________________

C. I have read the information provided in TTUHSC EP OP 77.13, Student Education Records.

D. I understand that it is my responsibility to arrange an appointment to review my records and to bring this form with me at the appointed time.

_______________________________________________________________________

Student Signature _____________________ Signature Date _____________________

Official Use Only:

☐ Request approved by: _____________________ Date: _____________________

☐ Request denied by: _____________________ Date: _____________________

Reason for Approval/Denial: _____________________

Time and Place for Inspection: _____________________

(To be completed by student following visual inspection of the requested education records)

I, _____________________ (Print Name), Student ID Number _____________________ (Insert Number), was granted access to the education records requested above on _____________________ (Insert Date) at _____________________ (Insert Location).

_______________________________________________________________________

Student Signature _____________________ Signature Date _____________________

ATTACHMENT B
Page 1
HSCEP OP 77.13
March 9, 2015