

# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

## STUDENT REQUEST TO ACCESS HIS/HER EDUCATION RECORDS

*This form must be submitted to the appropriate record custodian's office at TTUHSCEP. 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.*

Please Print or Type	
Student Name:	Student ID Number:
Address: City/State/Zip Code:	School: Classification:
Telephone Number: Cell Phone (if available):	Email:

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 TTUHSCEP 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:

<input type="checkbox"/> Request approved by: _____	Date: _____
<input type="checkbox"/> 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