Records Request Form (FERPA)

This form may be used to submit a request to view specific student records as permitted by the Federal Education Rights and Privacy Act, 1974.

Once your request is received, NOCCA will respond within 45 days.

Name

__________________________________________________________________
First                                                            Last

__________________________________________________________________
Any other name under which you were enrolled at NOCCA (separate by commas if more than one)

__________________________________________________________________
Student ID Number

__________________________________________________________________
Email

__________________________________________________________________
Phone

__________________________________________________________________
Admit Term (i.e., your first year of enrollment at NOCCA. For example, Fall 2014)

__________________________________________________________________
Last semester and year of attendance (graduation year); if you are a current student enter “current”

__________________________________________________________________
Birthday

RECORDS REQUESTED
List the specific records you are requesting to review. Note that a request to review “all records” is not sufficient to identify the records you would like to review.
I request access to the following educational records concerning myself:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

By signing this form below, I affirm that I am the individual named on this form and that I am entitled under FERPA law to request specific student records as detailed above.

____________________________________
______________________________
(signature)