

## **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)