



Office of the Registrar
Form to Request Student Data

Family Education Rights and Privacy Act (FERPA) protects the privacy of student educational records. The requester agrees to maintain the confidentiality of the provided data, store data in a secured area and dispose of data (i.e., shredding). Release of data is subject to approval by the Registrar. Release of data is NOT granted for purpose of sales or solicitation.

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Requester: _____
Department: _____
Phone: _____
Email: _____

Purpose of Request: Describe how information will be used and who will be using the information. If you are requesting student information to answer a specific question on a report, please provide the exact question here or a sample copy of the report.

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Describe Specific Data Needed:

Date needed by: _____

All requests must be submitted three working days prior to the date the information is needed to registrar@neomed.edu.

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As the requester, I understand that I will be held liable for any information divulged to unauthorized parties as a result of negligent maintenance. I will not allow the information to be used for any other purpose other than the purpose stated above.

Requester's signature

Date

Registrar or Designee signature

Date