

# REQUEST FOR REVIEW/DISCLOSURE OF EDUCATION RECORDS BY ONE OTHER THAN STUDENT, PARENT/GUARDIAN, OR UNIVERSITY OFFICIAL

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To: \_\_\_\_\_ [Record Custodian]

I request access to the following student's education records:

Student Name [printed]: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Records to be reviewed/disclosed [Give description, e.g. "all education records in your custody," "disciplinary records," etc.]:

\_\_\_\_\_  
\_\_\_\_\_

Name of Requester: \_\_\_\_\_

Title/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Justification: This request is for review of or disclosure [check all that apply]:

\_\_\_\_\_ 1. To officials of another school, upon request, in which a student seeks or intends to enroll.

\_\_\_\_\_ 2. To officials of the United States Department of Education, the Comptroller General, or state and local educational authorities, in connection with state or federally supported education programs.

\_\_\_\_\_3. In connection with a student's request for or receipt of financial aid as necessary to determine the eligibility, amount, or conditions of the financial aid, or to enforce the terms and conditions of the aid.

\_\_\_\_\_4. If required by a state law requiring disclosure that was adopted before November 19, 1974.

\_\_\_\_\_5. To organizations conducting certain studies for or on behalf of the University.

\_\_\_\_\_6. To accrediting organizations to carry out their functions.

\_\_\_\_\_7. To comply with a judicial order or a lawfully issued subpoena.

\_\_\_\_\_8. To appropriate parties in a health or safety emergency.[Specify circumstances]

\_\_\_\_\_9. Of the results of any disciplinary proceeding conducted by the University against an alleged perpetrator of a crime of violence to the alleged victim of that crime.

Requester's Signature\_\_\_\_\_

Date\_\_\_\_\_

**RECORD OF DISCLOSURE OF EDUCATION RECORDS TO ONE OTHER THAN STUDENT, PARENT/GUARDIAN, OR UNIVERSITY OFFICIAL**

To:[Person requesting records]\_\_\_\_\_

Your request for access to the education records listed above was received on:[Date]\_\_\_\_\_

[Check all that apply]

\_\_\_\_\_1.The requested record(s) will be made available at the following office,on the following date and time:*Please bring a photo ID or other identification.*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_2. A copy of the education records you requested will be provided.

\_\_\_\_\_3. Your request for disclosure of the requested education records cannot be granted because:

\_\_\_\_\_  
\_\_\_\_\_

Record Custodian[signature]\_\_\_\_\_

Date\_\_\_\_\_

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**CONFIRMATION OF REVIEW/RECEIPT OF EDUCATION RECORDS**

I have reviewed/received the requested records.

Requester's signature\_\_\_\_\_

Date:\_\_\_\_\_

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