

## Request to Review Education Records

Name of Student: \_\_\_\_\_

Student HSC ID#: \_\_\_\_\_

Purpose of Review:

Item(s) of information requested:

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

Title: \_\_\_\_\_

Department: \_\_\_\_\_

HSC ID #: \_\_\_\_\_

I agree to keep the information disclosed to me, through the review of student records, confidential according to the federal Family Educational Rights and Privacy Act of 1974 (FERPA).

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