**Request to Inspect Educational Record**

**Iowa State University**

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| Name of Student (Last, First, MI): | Date: | University ID: |

The Family Educational Rights and Privacy Act (FERPA)affords eligible students certain rights with respect to their education records. Students that wish to inspect and review their own educational records should submit their request to the office of the Registrar via this form. **All the below sections must be completed, and the student must sign and date this form.**

For additional information regarding FERPA, please visit <http://www.registrar.iastate.edu/policies>

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|  **Education record requested to be inspected: (check all that apply)** |
|  **Advising** | **Academic Information** | **Financial Information** | **Disciplinary Information** | **Accounts Receivable** | **Admissions** |
|  EAB Navigate Notes |  Transcript |  Scholarships |  Student Code of Conduct proceedings |  Billing/payment history |  Application |
|  Curricula Change |  Class schedule |  Grants |  Title IX proceedings |  Balances |  SAT/ACT |
|  Other (please specify) |  Other (please specify) |  Financial-aid status |  Disciplinary sanctions |  Other (please specify) |  HS Transcripts |
|  |  |  Loans |  Other (please specify) |   |  College Transcript |
|   |   |  Other (please specify) |  |   |  TCE |
|   |   |  |   |   |  Other (please specify) |
|   |   |   |   |   |   |

Note: Financial records of a student’s parents or guardian and confidential letters of recommendation where the student has signed a waiver of right of access are generally not subject to inspection under FERPA. Additionally, if the record requested contains information regarding another student(s), the requesting student may inspect, review, or be informed on only the specific information about their own record. Educational records covered by FERPA normally will be made available within forty-five (45) days of the request.

I hereby request that Iowa State University provide access to the above noted information.

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_