

Request to Review Education Records for a Student

Date: _____

Name of Student: _____

Student Number: _____

Purpose of Review: _____

Information Requested: _____

Name of Requestor: _____

Requestor's Affiliation: _____

Office to Which Request Was Made: _____

I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

Signature _____ Date _____

NOTE: A separate form must be completed for each record being requested and must be sent to the appropriate office each time information is requested.

Parents requesting information for dependent students must provide signed copies of their income tax returns to verify that they claimed their sons or daughters before information will be released.

Disposition of Request: _____ Approved _____ Disapproved _____

Specify Materials Reviewed (records, types of information):

Signature of Official Approving Request: _____ Date: _____

Name and Title of Official Supervising Review: _____ Date: _____

Original form must be mailed or hand delivered to: Alfred State College, Attn: Registrar, 10 Upper College Drive, Alfred, NY 14802.