

Information Request

Requestor Name:	_____		
Email:	_____	Phone Number:	_____
Address:	_____		
Intended Use of Information:	_____		
Signature:	_____	Date:	_____

Pursuant to the Family Educational Rights and Privacy Act (FERPA), the university will not disclose a student's education records without the written consent of the student except to the university officials with legitimate educational interests, and directory information, as designated by the university, under section 438(a)(5)(8).

Information Needed (Be specific with your request, indicate all applicable information for your request):

Date Needed By: _____ Term & Year: _____

Student Contact:	Email Address	Physical Address	Phone Number
Student Classification:	Freshman	Sophomore	Junior
			Senior
Major(s):	_____		Minor(s): _____
Enrollment Status:	Full-Time	Part-Time	
Level:	Undergraduate	Graduate	
Sort By:	Last Name	Major	Minor
			Other

Additional Information to be included (e.g., fields you would like on the list, the format of the report). If requesting non-directory information, the requestor may be subject to signing an Agent/Contractor FERPA agreement prior to receiving the requested information.

Office Use Only						
Date Received:	_____			Date Completed:	_____	
Received via:	Email	Campus Mail	U.S. Mail	Phone	Fax	Person
Requestor:	Staff	Faculty	Student	External	Number of Labels:	
Number on List:	_____			X \$0.25=	_____	