



**Family Educational Rights and
Privacy Act**

OFFICE OF THE REGISTRAR



UNIVERSITY OF THE DISTRICT OF COLUMBIA OFFICE OF THE REGISTRAR STUDENT REQUEST FORM TO REVIEW EDUCATION RECORDS

I wish to review my educational record located in the Registrar's Office.

EDUCATIONAL RECORDS TO BE REVIEWED:

- Academic Progress Report
- Class schedule
- Disciplinary/Student Judicial records*
- Financial aid applications*
- Grades
- Student accounts billing statements
- Transcript
- Other *(please be specific):* _____

*Consult the Office of General Counsel because redaction may be required.

Student's Printed Full Name: _____

Address: _____

Student's Email Address: _____ Telephone No.: _____

Date of Birth: _____

Student's Signature: _____ Date: _____

Return signed copy to:
Office of the Registrar
University of the District of Columbia
4200 Connecticut Avenue, N.W.
Building 39, Room A-08
Washington, DC 20008

To Student:

Your request for review of your record was received on _____
(date)

The requested record will be available at the Registrar's Office for review on _____
(date)

FOR OFFICE USE ONLY

Photo ID provided: Yes No

Printed Name of Registrar's Staff: _____

Signature of Registrar's Staff: _____

Date: _____



UNIVERSITY OF THE DISTRICT OF COLUMBIA OFFICE OF THE REGISTRAR STUDENT REQUEST FORM TO AMEND OR REMOVE EDUCATION RECORDS

As a student, you have the right to seek to amend any education record that you believe to be inaccurate, misleading, or in violation of your privacy rights. Complete this form and identify the information you believe needs to be amended and provide reasons why. If the Office of the Registrar cannot informally resolve your concern, then you may request a formal hearing.

If your request to amend the education record is denied in a formal hearing, then you will be given the opportunity to attach a statement of explanation or a statement describing your disagreement with the information contained in the education record. Your statement will remain with that record.

(Note: This is not the procedure to use if contesting a grade received from a professor or instructor. To contest a grade you must follow the grade change policy provided by the Office of the Provost.)

I have reviewed my records and /or have been informed of the contents of the requested Education Record and believe them to be inaccurate, misleading, or in violation of my privacy rights for the following reason(s):

Student's Printed Full Name: _____

Student's Signature: _____

Date: _____

Return signed copy to: **Office of the Registrar**
University of the District of Columbia
4200 Connecticut Avenue, N.W.
Building 39, Room A-08
Washington, DC 20008

FOR OFFICE USE ONLY

Photo ID provided: Yes No

Printed Name of Registrar's Staff: _____

Signature of Registrar's Staff: _____

Date: _____



UNIVERSITY OF THE DISTRICT OF COLUMBIA OFFICE OF THE REGISTRAR STUDENT REQUEST FORM TO LIMIT DISCLOSURE OF DIRECTORY INFORMATION

The University of the District of Columbia may provide Directory Information in accordance with provisions of the Family Educational Rights and Privacy Act (FERPA). FERPA defines Directory Information as information contained in a student's education record that generally would not be considered harmful or an invasion of privacy if disclosed. This information could be released to any inquirer, at the discretion of the University, unless you specifically request in writing that all or parts of the information be withheld.

To withhold disclosure of Directory Information the following form must be completed and submitted to the Office of the Registrar. A Directory hold or opt out request may be filed at any time with the Office of the Registrar and will be honored by the University until the student officially rescinds his or her opt out decision in writing. In certain circumstances the University may be permitted or required to release information from your file, even if you have submitted this form (34 CFR § 99.31). Also, students may not use FERPA as a basis to limit disclosure of their name or other identifying information in the classroom setting.

Students should carefully consider all aspects of a Directory hold prior to filing such a request. The decision to withhold any category of Directory Information will prompt the University NOT to release any or all of the Directory Information.

The University of the District of Columbia will honor your request to withhold information falling under the categories listed below, but does not assume any responsibility to contact you for consent to release it. The University assumes no liability as a result of honoring request to withhold Directory Information.

The University of the District of Columbia has designated the following categories of information about individual students as public or directory, information. Please check (✓) the appropriate boxes below authorizing the University NOT to disclose the following Directory Information:

- | | |
|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Dates of attendance |
| <input type="checkbox"/> Addresses | <input type="checkbox"/> Degrees, honors, and awards received |
| <input type="checkbox"/> Telephone numbers | <input type="checkbox"/> Previous institution attended |
| <input type="checkbox"/> E-mail addresses | <input type="checkbox"/> Participation in officially recognized activities |
| <input type="checkbox"/> Date of birth | <input type="checkbox"/> Participation in athletics |
| <input type="checkbox"/> Major field(s) of study | <input type="checkbox"/> Height and weight of athletes |
| <input type="checkbox"/> Enrollment status (including current year, credit load, and full-or part-time status) | <input type="checkbox"/> Photograph |

Student's Printed Full Name: _____

Semester/Year: _____

Student Signature: _____ Date: _____

Note: To rescind your request to withhold directory information, you MUST submit your request in writing with your signature verified by a notary public, or present a photo ID to the Office of the Registrar with your written request.

FOR OFFICE USE ONLY

Photo ID provided: Yes No

Limiting Disclosure:

Printed Name of Registrar's Staff: _____

Signature of Registrar's Staff: _____

Date: _____

Photo ID provided: Yes No

Rescinding Request to Limit Disclosure:

Printed Name of Registrar's Staff: _____

Signature of Registrar's Staff: _____

Date: _____



UNIVERSITY OF THE DISTRICT OF COLUMBIA OFFICE OF THE REGISTRAR STUDENT CONSENT FORM FOR ACCESS TO EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) is federal law that protects the privacy of student education records. Student educational records are confidential and will only be shared by University officials with other University faculty or staff or with lending agencies that have a legitimate interest to know certain information.

By executing this form, you can designate certain individuals (for example: spouse, parents, guardians, or others) as authorized to receive access to your educational records. This consent form will remain in effect for the duration of your enrollment at the University of the District of Columbia in any of the schools that comprise the Flagship institution, Centers, Institutes, and/or Community College until you elect to revoke consent in writing. Such revocation must be submitted to the Office of the Registrar.

I _____ hereby authorize and consent to the following educational records being released to the party identified below for the purpose of _____.

EDUCATIONAL RECORDS TO BE RELEASED:

- | | |
|--|--|
| <input type="radio"/> Academic Progress Report | <input type="radio"/> Student accounts billing statements |
| <input type="radio"/> Class schedule | <input type="radio"/> Transcript |
| <input type="radio"/> Disciplinary/Student Judicial records* | <input type="radio"/> Other (<i>please be specific</i>): _____ |
| <input type="radio"/> Financial aid applications* | |
| <input type="radio"/> Grades | |

*Consult the Office of General Counsel because redaction may be required.

PARTY AUTHORIZED TO RECEIVE EDUCATIONAL RECORDS (ALL FIELDS REQUIRED)

Authorized Party's Printed Full Name: _____

Relation / Interest: _____

Address: _____

Email Address: _____ Telephone No.: _____

STUDENT INFORMATION
(ALL FIELDS REQUIRED)

Student's Printed Full Name: _____

Address: _____

Major: _____

Dates of Attendance: _____ Degree: _____

Student's Email Address: _____

Student's Signature: _____ Date: _____

Providing your SSN or SID is **NOT** required, but may further assist the University when locating the requested information.

- I choose not to provide my SSN#/SID#.
- I choose to provide my SSN#/SID#: _____

Return signed copy to:

**Office of the Registrar
University of the District of Columbia
4200 Connecticut Avenue, N.W.
Building 39, Room A-08
Washington, DC 20008**

FOR OFFICE USE ONLY

Photo ID provided: Yes No

Printed Name of Registrar's Staff: _____

Signature of Registrar's Staff: _____

Date: _____



UNIVERSITY OF THE DISTRICT OF COLUMBIA OFFICE OF THE REGISTRAR THIRD PARTY REQUEST FOR STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) is federal law that protects the privacy of student education records. FERPA limits the release of such records without the student's consent. The Act further provides that the University may disclose certain information with the student's consent.

(*FIELDS REQUIRED)

Third Party Requester*: _____ Title: _____

Business/Firm/Organization*: _____

Business Address*: _____

Email Address: _____ Telephone No. *: _____

Purpose of Request*: _____

Student's written consent form attached: Yes-Attach UDC Consent Form No

STUDENT INFORMATION

Student's Printed Full Name*: _____

Address: _____

Major: _____ Dates of Attendance: _____ Degree: _____

Student's Email Address: _____

Identify the information sought:

DIRECTORY INFORMATION REQUESTED:

- | | |
|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Dates of attendance |
| <input type="checkbox"/> Addresses | <input type="checkbox"/> Degrees, honors, and awards received |
| <input type="checkbox"/> Telephone numbers | <input type="checkbox"/> Previous institution attended |
| <input type="checkbox"/> E-mail addresses | <input type="checkbox"/> Participation in officially recognized activities |
| <input type="checkbox"/> Date of birth | <input type="checkbox"/> Participation in athletics |
| <input type="checkbox"/> Major field(s) of study | <input type="checkbox"/> Height and weight of athletes |
| <input type="checkbox"/> Enrollment status | <input type="checkbox"/> Photograph |

FOR OFFICE USE ONLY

Opt-out confirmed: Yes No



RECORDS REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> Academic Progress Report | <input type="checkbox"/> Public Safety Incident Report |
| <input type="checkbox"/> Application for Enrollment | <input type="checkbox"/> Student accounts billing statements |
| <input type="checkbox"/> Class schedule | <input type="checkbox"/> Student-Employment Application |
| <input type="checkbox"/> Disciplinary/Student Judicial records | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Financial aid applications | <input type="checkbox"/> Other (<i>please be specific</i>): |
| <input type="checkbox"/> Grades | _____ |

Third Party Requester Signature: _____ Date: _____

Return signed copy to:

**Office of the Registrar
University of the District of Columbia
4200 Connecticut Avenue, N.W.
Building 39, Room A-08
Washington, DC 20008
Fax: 202-274- 7445**

FOR OFFICE USE ONLY

Photo ID provided: Yes No

Printed Name of Registrar's Staff: _____

Signature of Registrar's Staff: _____

Date Received: _____