

## Notification of Rights under FERPA for Postsecondary Institutions

The **Family Educational Rights and Privacy Act (FERPA)** affords students certain rights with respect to their education records. These rights include:

- (1)** The right to inspect and review the student's education records within 45 days of the day the college receives a request for access.

Students should submit to the registrar, dean, head of the academic department, or other appropriate official, written requests that identify the record(s) they wish to inspect. The College official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the College official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

- (2)** The right to request the amendment of the student's education records that the student believes is inaccurate.

Students may ask the College to amend a record that they believe is inaccurate. They should write the College official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate.

If the College decides not to amend the record as requested by the student, the College will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

- (3)** The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that **FERPA** authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

- (4)** The right to file a complaint with the U.S. Department of Education concerning alleged failures by the College to comply with the requirements of FERPA. The name and address of the Office that administers **FERPA** is:

**Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-5901**



Community & Technical College

**FERPA RELEASE**

Student Name Printed	
Student Signature	
PeopleSoft ID Number	
Date Signed	

**I, authorize the Office of Student Affairs to provide requested information to:**

Individual	
Relationship to student	
Telephone	
E Mail	
Restrictions (if any):	

Individual	
Relationship to student	
Telephone	
E Mail	
Restrictions (if any):	

Individual	
Relationship to student	
Telephone	
E Mail	
Restrictions (if any):	

**Student may stop this authorization at any time but must do so in writing**



# Ashland



Community & Technical College

## REQUEST TO REVIEW EDUCATION RECORDS

DATE	
NAME OF STUDENT	
STUDENT ID NUMBER	
PURPOSE OF REVIEW	

ITEM(S) OF 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** \_\_\_\_\_

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**DISPOSITION OF REQUEST:**                       **APPROVED**                       **DISAPPROVED**

**SPECIFY MATERIALS REVIEWED (RECORDS, TYPES OF INFORMATION):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Official Approving Request** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name & Title of Official Supervising Request** \_\_\_\_\_ **Date** \_\_\_\_\_