Northeast Ohio
MEDICAL UNIVERSITY

Form to Request Student Data

Family Education Rights and Privacy Act (FERPA) protects the privacy of student educational records. The requester agrees to maintain the confidentiality of the provided data, store data in a secured area and dispose of data (i.e., shredding). Release of data is subject to approval by the Registrar. Release of data is NOT granted for purpose of sales or solicitation.

Requester: _____

Department: _____

Phone: _____

Email: _____

Purpose of Request: Describe how information will be used and who will be using the information. If you are requesting student information to answer a specific question on a report, please provide the exact question here or a sample copy of the report.

_____

_____

_____

Describe Specific Data Needed:

Date needed by: _____

All requests must be submitted three working days prior to the date the information is needed to registrar@neomed.edu.

As the requester, I understand that I will be held liable for any information divulged to unauthorized parties as a result of negligent maintenance. I will not allow the information to be used for any other purpose other than the purpose stated above.

_____ _____
Requester's signature Date

_____ _____
Registrar or Designee signature Date