## **Records Request Form (FERPA)**

This form may be used to submit a request to view specific student records as permitted by the Federal Educational Rights and Privacy Act, 1974.

Once your request is received, the University will respond within 45 days.

First Name	Last Name	
Any other name under whi	ch you were enrolled at Tulane (separate by	v commas if more than one)
		, ••,
<b>Tulane Student ID Number</b>		Birthdate (MM/DD/YYYY)
Email	-	
DI ( 504 555 1004)		
Phone (e.g. 504-555-1234)		
		G 4 4040)
Admit Term (i.e., your first	term of enrollment at Tulane. For example,	, Spring 2019)
<b>Admit Level</b>	<b>Admit School or College</b>	
Last semester and year of a	ttendance; if you are a current student ente	er "current"
,		
RECORDS REQUESTED		
List the specific records you a to identify the records you we	are requesting to review. Note that a request to	o review "all records" is not sufficient
5	ing educational records concerning myself:	
1 1 -	, I affirm that I am the individual named on th	nis form and that I am entitled under
FERPA law to reques	t specific student records as detailed above.	
Signature		Date