

Office of Graduate Studies 1000 ASU Drive #689 WWAB Suite 519 Lorman, MS 39096

Family Education Rights and Privacy Act (FERPA) Request to View Student Records

Form Must Be Typed:

Student's Full Name_			
First	Middle	Last	Suffix
Student's ID Number:		Student's Contact #:	
The student must sign this form in the submitted.	he presence of the C	Office of Graduate Studi	ies staff at the time
The Family Educational Rights and Prestudent educational records. Alcorn Seconcerning students nor permit inspect of the student unless such actions are constant.	tate University may r	neither disclose certain ectional records without the	lucational information written permission
This request is made to review all acade Office of Graduate Studies. Access to the student's record. Changes to the stood any erroneous information or demographic.	this information doe tudent's credentials m	s not grant permission to	the student to alter
The student must present proof of his/l record. The original form will placed Studies office.	•	-	
Student's Signature			ate
Office of Graduate Studies Staff Signature			ate