

OFFICE OF THE UNIVERSITY REGISTRAR 100 State Street PO Box 9101 Framingham, MA 01701-9101 (T) 508-626-4545 / (F) 508-626-4589

Request to Review and Inspect Education Records

This form may be used to submit a request to view specific student records as permitted by the federal Family Educational Rights and Privacy Act (FERPA) of 1974, 20 U.S.C. § 1232g, affords students certain rights with respect to their education records:

The right to inspect and review the student's education records within 45 days of the day the University receives a request for access. Students should submit to the University Registrar, written requests that identify the specific record(s) they wish to inspect. The University Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected.

The right to request the amendment of the student's education records that the student believes are inaccurate or misleading. Students may ask the University to amend a record that they believe is inaccurate or misleading. They should write to the University Registrar, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment.

Note: The right to challenge grades does not apply under the Act unless the grade assigned was inaccurately recorded.

The request form must be mailed, faxed, or emailed as an attached PDF to:

The Attention of Office of the University Registrar:

- Framingham State University 100 State St, PO Box 9101
 Framingham MA 01701-9101
- Fax: 508-626-4589
- Email: <u>registrarsoffice@framingham.edu</u>
 Note: Requests submitted in the body of an email or submitted without a signature are invalid.

The request, whether valid or invalid, will be acknowledged by the University by email to the address provided. For valid requests, the 45 calendar day window will begin on the day following the business day that the request was received.

The University Registrar or designee will gather the relevant education records in the University's possession as of the date of the request, check for compliance with FERPA and make any necessary reductions, as described above.

Records will be gathered as of the request date, meaning that any additional education records added to the record after the date of the valid request will require an additional valid request to inspect and a new time period will commence for those records.

The student will be notified by email that the records are ready for inspection, stating the dates and times on which the records will be made available in the Office of the University Registrar located in the Student Services Center, McCarthy Campus Center, Room 515.

Note: Official FSU transcripts must be ordered through our transcript request process and are subject to separate fees. The University is unable to provide copies of transcripts submitted to FSU from other colleges and universities.



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| Student's Current Name: | | | | | |
|--|-------------------------------|---------------|-------------|-------------|---|
| Current Address: | | | | | |
| | | | | | |
| Cell Phone #: | | | | | |
| Current Email Address: | | | | | |
| Framingham ID Number, if known: | | | | | |
| Last 4 digits of Social Security Number: | D | ate of Birth: | mm | | / |
| Dates of Attendance at the University: from | n: | to: | | | |
| Date of Graduation, if applicable: | | | | | |
| Name when attending or when degree was | awarded: | | | | |
| Delivery Method: | | | | | |
| I would like to make an appointme | ent to visually inspect my ea | ducational re | cord as | specified i | in this request. |
| I would like photocopies of my ed | | | | 1 | 1 |
| Pick-up at Office of the U | niversity Registrar located | in the Stude | nt Servio | ces Center | |
| Emailed to my personal ac | ccount | | | | |
| Sent USPS Mail | | | | | |
| Student's Signature: | accepted; you must hand sign | n this docume | Dat | e: | |
| Notary Public: | | | | _ | |
| Office of the University Registrar use of | | ••••• | • • • • • • | ••••• | • |
| Request received on | • | nowledging | receipt o | of request: | |
| In-person Review Date: Review | | | _ | _ | |
| List of materials Reviewed/Sent to Student record. | | | | | |

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