



## Request to Review Educational Record

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Former Name(s) if applicable \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Other \_\_\_\_\_

Last Semester of Attendance / Graduation Date \_\_\_\_\_

I understand that in compliance with the Family Educational Rights and Privacy Act (FERPA), Houghton College must complete this request within 45 days from the date of the request. Access will be denied only for reasons specifically authorized by the act and applicable regulations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_