STUDENT RECORDS REQUEST FORM: *Former students of Eastern Gateway Community College (EGCC) should use this form to request records held by the Ohio Department of Higher Education (ODHE) as records custodian for the now closed EGCC. (See Ohio Revised Code Section 3333.053) The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that ODHE personnel may provide information from your education records as indicated below.*

STUDENT INFORMATION

Current full name of student: _____
First *Middle* *Last*

Name at time of attendance: _____
First *Middle* *Last*

Date of birth: _____ **Student ID (if known):** _____
MM / DD / YYYY

Last 4 digits SSN _____ **Did you graduate?** ☐ Yes ☐ No

Approximate dates of attendance: _____
Start date month / year End date month / year

Program / major: _____

Credential attempted/earned: ☐ Certificate ☐ Diploma ☐ Associates

Student phone: _____ **Student email:** _____

RECORD(S) REQUESTED – Select one

☐ Student Transcript

☐ All records which may include, but is not limited to, transcript, course schedules, financial information, and disciplinary records

Continued on next page

DELIVERY/RECIPIENT INFORMATION

Recipient: ☐ Student/self ☐ Other (Educational institution, employer, etc.)

Format: ☐ PDF - Unofficial copy via email or fax ☐ Paper - Certified (transcripts only) official copy via mail

Organization and/or individual name: _____

Email or fax: *Not required for official mailed copies* _____

Address: _____

Address line 2: *Optional* _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

SIGNATURE AND AUTHORIZATION

I hereby consent to the Ohio Department of Higher Education releasing the student records specified in this form to the recipient named herein, in accordance with my request.

_____ _____

Signature of student **Date of authorization**

FOR INTERNAL OFFICE USE ONLY

Receiving Staff member: _____

Received method: ☐ Email ☐ Mail ☐ Fax ☐ Other

Record location: _____ **Record Found?** ☐ Yes ☐ No

	Form Rec'd	Confirm Rec'd	Search Records	Records Found	Records Sent	Conf. Email
Date:						