

**Student Request to Inspect and Review Educational Records
Per the Family Educational Rights and Privacy Act of 1974 (FERPA)**

Student Information:

| | | |
|-----------------|---------------------------|------------|
| WCJC Student ID | Last Name (Current Legal) | First Name |
|-----------------|---------------------------|------------|

I, _____, request to inspect and review my complete educational records that are maintained in the following offices. (Please check all boxes that apply.)

- Academic Advising and Counseling
- Admissions and Registration
- Business Office
- Financial Aid
- Student Success
- Other: _____

| | |
|---|------|
| Student Signature (For electronic submission, type name and WCJC student ID.) | Date |
|---|------|

Email completed form to registrar@wcjc.edu. Please remember to use your WCJC email for all correspondence with the college; non-WCJC email addresses may be blocked.

To be completed by the Office of Admissions and Registration:

Your request to inspect and review your educational records was received on _____.

Your records will be available on the following date at the following location.

| | |
|----------------|-----------------|
| Date Available | Record Location |
|----------------|-----------------|

| | |
|---|------|
| Director of Admissions and Registration Signature | Date |
|---|------|

Office Use Only

Processed by: _____

Revised: 03/19/2020

Term Code: _____