

**Third Party 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
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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: _____

Third-Party Requester Signature	Date
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Email completed form to registrar@wcjc.edu.

To be completed by the Office of Admissions and Registration:

Your request to inspect and review the afore-mentioned student's educational records was received on _____.

This student's records will be available on the following date at the following location.

Date Available	Record Location
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Director of Admissions and Registration Signature	Date
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Office Use Only

Processed by: _____

Revised: 03/19/2020

Term Code: _____