The University of Central Oklahoma
Personal Record Disclosure Form

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, “eligible students” are entitled to access official educational records directly related to the student, including the right of inspection and review. “Eligible students” are those students who have reached the age of 18 and/or attend a school beyond the high school/secondary level. Requests for academic records are directed to Enrollment Services or the appropriate academic department in accordance with University regulations. Student Conduct records may be requested by contacting the Office of the Vice President for Student Affairs at (405) 974-2361. (Parents of a dependent student as defined in Section 152 of the Internal Revenue Code of 1954 are entitled to access to official educational records of that student.)

Access Rights

The right of access includes:
1. The right to a list of the types of educational records maintained by the institution and directly related to students;
2. The right to inspect and review the content of those records;
3. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Copies of those records may be at the expense of the eligible student or parent.
4. Parents of a dependent student as defined in Section 152 of the Internal Revenue Code of 1954 are entitled to access to official educational records of that student;
5. The right to a response from the institution to reasonable requests for explanations and interpretations of those records;
6. The right to an opportunity for a hearing to challenge the content of those records.

If a student wishes to review and/or access a record in their file, then the student must provide identification and complete this form.

ACCESS PROTOCOL

Please state requested information to be accessed.
____________________________________________________________________________________________
____________________________________________________________________________________________

Please state the reason for the release of such information.
____________________________________________________________________________________________

Please circle the medium in which the information will be accessed: Visual or Copy

Student Name (PRINT):___________________________________________
Student Signature:________________________________________________ Date:________________

Student Banner ID#   Date of Birth

Parent/Guardian Name (PRINT):___________________________________
Parent Signature:________________________________________________ Date:________________

“FOR UNIVERSITY DEPARTMENTAL USE ONLY”

Authorized by (PRINT):_____________________________________ Department:__________________________
Signature:_________________________________________________ Date:________________________________