



REQUEST FOR ACCESS TO STUDENT RECORDS

This form should be used to view or copy records from a student's academic file in the Office of the Registrar

Student Last Name	First	Middle	Former Last Name (if any)
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Other Names used	Last 4 digits of SSN	Date of Birth	Panther #
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Academic College at Georgia State	First Term	Last Term	Check appropriate Status
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Both

Check the Appropriate Box:	Student Daytime Phone #	Student Cell Phone #
<input type="checkbox"/> Student Access <input type="checkbox"/> Third Party Access* ()	()	()

In the space provided below, list the specific items to which you desire access. Indicate whether you wish to (check one) View Copy these records. Copies are \$.25 per page.

Note: University policy restricts certain items to view only (e.g. transcripts from other institutions) and does not allow any access to other records (e.g. letters of recommendation, parent financial information). Immunization records are maintained by University Health Services.

Indicate the reason for requesting access to the above-identified records:

Student Signature	Date
_____	_____

*** For Third Party Access to Records, please complete section below and attach a consent signed by the student whose records are requested.**

I have attached a signed student consent form, granting me permission to access the records described on this form.

A signed student consent form, granting me permission to access the records described on this form, is on file in the Office of the Registrar at Georgia State University.

Third Party Name (please print):	Third Party Daytime Phone #:	Third Party Cell Phone #
_____	()	()

Third Party Signature:	Date of Request
_____	- -

Access to student records is granted according to requirements outlined under the Family Educational Rights and Privacy Act (FERPA). The institution will respond to requests within a reasonable time period. The maximum time allowed for response is forty five (45) days. **An employee will notify you by phone when documents are ready to be viewed and/or picked up.**

For Official Use Only			
Total number of documents copied: _____	Received by: _____	Date: _____	
Total Amount Due (25¢ per copy): _____	Approved by: _____	Date: _____	
	Comment: _____		

Submit this form to the One Stop Shop at 227 Sparks Hall or Fax to 404/413-2235