

*Student Conduct and Case Management
Student Affairs
Sanders Administration Building, Suite 204*

REQUEST TO INSPECT/REVIEW OR RECEIVE RECORDS

Student Name: _____
Student ID#: _____
Student Email Address: _____
Phone Number: _____

To the student:

Pursuant to federal law, and institutional policy, you have the right to inspect and review your own education records. For more information, please see the Family Educational Rights and Privacy Act of 1974 (20 USC § 1232). By signing this form, you have alerted the Office of Student Affairs and/or Office of Student Conduct that you would like to inspect and review your disciplinary records. The Office of Student Conduct will comply with a request for access within a reasonable time, not to exceed 45 days. Arrangements shall be made for the student to read or receive a copy of his or her records. With your permission, we may send these records electronically to you in an encrypted PDF format. [Electronic records will only be sent to the student's Fitchburg State email address.] Should your file contain audio recordings, you will be required to provide a CD/DVD or USB drive for it to be copied to. Please understand that your records may have certain information redacted pursuant to law.

I, _____ (Print Name), request an inspection and review of my disciplinary records maintained by the Office of Student Affairs and/or Office of Student Conduct. [You will be required to present positive proof of identification prior to this request being authorized.]

Please check this box if you wish to have a copy of these records sent to you electronically. Please note that these records will be submitted to you in PDF format. Electronic requests will only be submitted to the Student's Fitchburg State email Account.

Further, I understand that any retaliation toward the individuals submitting the report and/or other persons identified in the report will be grounds for an immediate restriction, which may include being trespassed from campus, and that disciplinary action may be pursued.

Signature of Student: _____ Date: _____