



GOUCHER COLLEGE

Student Administrative Services • 1021 Dulaney Valley Road • Baltimore, Maryland 21204-2794  
410-337-6500 • Fax: 410-337-6504 • E-mail: registrar@goucher.edu • www.goucher.edu

## Request to Review Education Records (from a third party)

When a request for student record information is received, this form must be completed and filed in the student's file. This form should not be completed when the request is:

- from the student;
- accompanied by written consent from the student;
- for directory information;
- from a school official **and** a legitimate educational interest has been demonstrated; or
- a subpoena that by its terms requires non-disclosure to the student.

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Name of Student

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Student Number

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Purpose of Review

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Item(s) of Information Requested

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Name of Requester

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Requester Affiliation

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Office to Which Request Was Made

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Names and Legitimate Interest of Any Additional Parties to Whom Records May Be Disclosed

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I hereby agree to keep the information disclosed to me confidential according to applicable legislation and regulations.

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Signature of registrar

Date

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Disposition of Request:  Approved  Disapproved

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Specify Materials Reviewed (Records, Types of Information)

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Signature of Official Approving Request

Date