

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

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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 Requestor

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Requestor 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.

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

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Signature of requestor

Date

Disposition of request:

Approved

Disapproved

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Specify Materials Reviewed (Records, Types of information) Continue on back if needed.

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Signature of Official Approving Request

Date

Office of the Registrar  
Goucher College  
1021 Dulany Valley Road  
Baltimore, Maryland 21204

p. 410-337-6090  
f. 410-337-3111  
[registrar@goucher.edu](mailto:registrar@goucher.edu)  
[www.goucher.edu/registrar](http://www.goucher.edu/registrar)