



NEW MEXICO HIGHLANDS UNIVERSITY[®]

Request for Educational File Review

Students of New Mexico Highlands University have a right, under the Family Educational Rights and Privacy Act of 1974 (FERPA), 34 CFR § 99.10 & 99.12, to inspect and review their education records maintained by Highlands University.* Highlands University will make every attempt to respond to the request of the student in a timely manner; however, the institution has 45 days to comply and respond to this request. Please note that your education record consists of many records maintained by different university offices.

_____		_____	
Print Name (First, Last)		@ NMHU Student ID#	
_____		_____	
Current Address	City	State	Zip Code
_____		_____	
Daytime Telephone		Date of Birth	

I request to review the following education records maintained by New Mexico Highlands University about me/dependent student. **Please note individual departments such as College of Arts & Sciences, School of Business, School of Education and School of Social Work may maintain a record for you which may not be included in the education record maintained by the offices below.**

- All records maintained by NMHU Business Office
- All records maintained by NMHU Housing Office
- All records maintained by NMHU Office of Financial Assistance
- All records maintained by NMHU Office of the Registrar
- All records maintained by NMHU Office of Student Affairs
- Other records as follows (fill out in box below):

_____	_____
Student/Parent/Guardian Signature	Date

**Must be presented with a valid ID to the Office of the Registrar
Felix Martinez Building, Room 120
Las Vegas, NM 87701
505.454.3455**

***Note to parents:** Parents/guardians of a dependent student, as defined in section 152 of the Internal Revenue Code of 1986, have the right to inspect and review the education records of their dependent student as long as the office in which the inspection will take place has received a copy of the signed Dependent Student Verification Form.

Office Use Only:

Date Request Received: _____

Date & Time Review will be granted: _____

Copy of this request in students file: ___ Yes or ___ No

If no, explain: _____

Is amendment requested: ___ Yes or ___ No

If yes, explain: _____