

Request for Educational File Review

Students of New Mexico Highlands University (NMHU) 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 NMHU. * NMHU 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)			Student ID#
_____	_____	_____	_____
Current Address	City	State	Zip Code
_____			_____
Daytime Telephone			Date of Birth

Access to the following records may not be granted to a student:

- The financial records of the student's parents.
- Confidential letters and statements of recommendations which were placed in the student files before January 1, 1975.
- Confidential letters and statements of recommendation placed in the student's file after January 1, 1975 if the student has waived his or her rights to inspect those documents.
- Education records containing information about more than one student, in which case the College will permit access only to that part of the record which pertains to the inquiring student.
- Any other records which are excluded from the FERPA definition of education records (e.g. law enforcement records, medical records).

Please print legibly and complete all areas. Your ink signature is required on this form.

Items of Education Records Requested: (Indicate which education records to be reviewed)

_____	_____
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/fax:505-454-3552**

***Note to parents:** Parents/Guardians of a dependent student, as defined in § 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: _____