



# Student Data Report Request For Confidential or Directory Information

Office of the Registrar  
1<sup>st</sup> Floor McTarnaghan Hall  
239-590-7980

E-mail Form to: [orr@fgcu.edu](mailto:orr@fgcu.edu) AND Mara Domingues at [jdomingues@fgcu.edu](mailto:jdomingues@fgcu.edu), Ext. 7995

All items on this form must be complete with appropriate signatures and return to the Office of the Registrar at least two weeks in advance of the needed date. The request for student data information must meet all provisions per the FGCU Education Record Policy, 3.21, and the Family Educational Rights and Privacy Act, 1974, also known as FERPA or the Buckley Amendment.

The request will be reviewed by the Office of the Registrar, as the designated education records custodian for the University, within 5 working days of receipt. In certain instances more information may be required from the requestor and/or may be forwarded to the University General Council for review. If the requested data is linked to a research project involving human subjects, the Institutional Review Board (IRB) must approve the request prior to the release of any data. Additional documents may be attached to support the requested data. If more space is needed to answer the information on this form, please attach additional sheets of paper listing the required information.

## SECTION 1 – REQUESTOR’S INFORMATION

A. FULL NAME: \_\_\_\_\_ B. DATE: \_\_\_\_\_  
C. TITLE: \_\_\_\_\_ D. DEPARTMENT/ORG: \_\_\_\_\_  
E. EMAIL ADDRESS: \_\_\_\_\_ F. OFFICE TELEPHONE: \_\_\_\_\_

## SECTION 2 – DETAILS OF INFORMATION REQUESTED

A. PURPOSE of request: \_\_\_\_\_  
B. DATE information is needed (*allow 10 working days for processing from the time of approval*): \_\_\_\_\_  
C. STUDENT DATA REQUESTED (*list all data elements required*): \_\_\_\_\_  
D. DESIRED FORMAT:  Excel File  Hardcopy Report  Other (*specify*): \_\_\_\_\_  
E. WHO will have access to the data? LIST all staff name(s) with title(s). If contracted vendor(s), list company name, address and representative(s), name(s), and phone number(s). \_\_\_\_\_  
F. METHOD information will be SECURED and STORED: \_\_\_\_\_  
G. USAGE and RETENTION period of date: \_\_\_\_\_  
H. METHOD of DESTRUCTION will be: \_\_\_\_\_

If the requested information is associated to a FGCU Grant or Research project, the Institutional Review Board (IRB) must approve the above information.

ORSG Approval Signature	Title	Date
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In accordance with FGCU Education Records Policy, FERPA (Family Educational Rights and Privacy Act, 1974), and IRB protocol, I acknowledge the following information to be accurate and truthful to the best of my knowledge. I acknowledge I am in receipt of the University’s Education Records Policy, 3.21, and the FGCU Student Records Procedures and Management Guide (revised July 2004). Further, I understand my responsibilities concerning the security, storage, and training issues surrounding the use and release of confidential or directory student record information.

Requestor’s Signature	Date	Dean/Director/Supervisor’s Signature	Date
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For Office Use Only

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Request Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments \_\_\_\_\_

OR Rev. 3/2007