Michigan State University College of Osteopathic Medicine
Registrar’s Office
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Request for Student Information

MSUCOM complies fully with the letter and spirit of the Federal Family Educational Rights and Privacy (FERPA) which governs access to, and confidentiality of, student records. All data requests are subject to approval and compliance with FERPA (Family Educational Rights and Privacy Act) and University Policy.

NOTE: If approved, your data request will be filled on a first-come, first-serve basis. Delivery during busy times can take up to 2 weeks. More extensive data requests can take longer.

Requestor Information: Please PRINT

Name: ____________________________________________ I am:   ○ staff  ○ faculty
Email: _____________________________ Phone Number: (______) _______ - ____________

1. Please list in detail the information you are requesting and for what purpose the data will be utilized:

2. Choose all that apply

☐ Research/Grant  ☐ Course/Event Communication  ☐ Course/Curricular Assessment  ☐ Statistical Purposes
☐ Public/Posting to Web (if so include web address)  ☐ Other: ____________________________

3. Delivery Options  ☐ E-mail  ☐ Hard copy (pick-up)

To: ________________________________________________

Information will be released to requestor only.

Signature: __________________________________________ Date: ____________________________

Please do not mark below this line. For office use only.

Name of individual who completed this request: ____________________________ Initials: ________

Date information was disseminated: ____________________________

How was information delivered?  ☐ E-mail  ☐ Pick-up

Description of what was disseminated (web address if posted)
__________________________________________________
__________________________________________________