

**Michigan State University College of Osteopathic Medicine**

Office of Enrollment Services &amp; Student Records

965 Wilson Road, Suite C110

East Lansing, MI 48824-1316

P: 517-353-7741 F: 517-432-1976

**Request for Student Information**

Instructions:

Complete form &amp; submit to

[com.osteomedreg@msu.edu](mailto:com.osteomedreg@msu.edu)

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

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

**Requestor Information: Please PRINT**

Name: \_\_\_\_\_

☐

staff

☐

faculty

Email: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**1. Please list in detail the information you are requesting & 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)