FERPA Student Request for Records Form

To: Registration and Records
Sullivan Center, Suite 1450
The School of the Art Institute of Chicago (SAIC)

From: ____________________________________________

Student’s First Name  Middle Initial   Last Name
_____________________________________________________________________

Permanent Street Address  City  State  Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), a student has the right to inspect and review his or her education records within 45 days after the day SAIC receives a request for access. This form is designed to assist you to specifically identify the record(s) that you wish to inspect. Please complete this form and return it to the Registration and Records Office. Arrangements will be made for access and you will be notified of the time and place where the records may be inspected.

I am/or was a student at SAIC and I wish to inspect my education records (check applicable records):

☐ Transcript/Grades
☐ Billing Information
☐ Financial Aid Information
☐ Disciplinary Information
☐ Other Record (please specify below)

_________________________________________________

_________________________________________________

Submitted by:

Student Signature: _______________________________

Student ID Number: ______________________________

Date: __________________________________________