



**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: \_\_\_\_\_