

IMAGED DATA ACCESS REQUEST - RESTRICTED

Name (Last, First, Middle)						Student ID:		
Department				Title	9			
Office Address						Phone		
Do you currently have Banner II	NB access?	☐Yes ☐No	-	FERPA Traini	ng Date		O-Key Short Usernam	
Request access to: 🔲 Academ	ic Reprieve	Admission Ap	peals	Adm, Regist	ar or Gradua	ate College	Staff Athletics	
Block Rate Tuition	English	Proficiency Petitic	n	Imaging Adm	ninistrator	🗌 Imag	ing Scanner	
Late Drop Petitions	Legal	Residency	□St	udent Conduct	Tuitior	n Appeals	Veterans Benefits	
Reason for Access Request:								

Student Records Access Request Form Confidentiality Agreement:

It is the policy of Oklahoma State University that information contained in eduational records is confidential but may be reviewed by school officials who have a "legitimate educational interest" in the student without prior consent of the student. A school official has "legitimate educational interest" if a review of the student's record is necessary to fulfill the official's professional responsibilities to the University. School officials may have legitimate educational interests both in students who are currently enrolled and those no longer enrolled. It is the policy of OSU that faculty, staff, and other employees or volunteers serving as school officials with legitimate educational interest complete university-sponsored FERPA training before obtaining access to student education records (OSU Policy 2-0701).

I have read and understand the above information, have completed the required FERPA training, and agree to comply with University and Federal policies regarding the privacy of student education records. I understand failure to comply can result in loss of access privileges or disciplinary action.

User Signature			Date	
Dean, Director	or Department Head Approval		Date	
	For Internal Use Only:	Access Granted	Access Denied	
	Signature		Date	Revised: 11/2019