

# Faculty/Staff Access to Student Educational Records Form

The University of Mississippi Medical Center School of Medicine  
-Medical Education-  
Faculty/Staff Access to Student Educational Records Form

## Instructions

This form is designed to outline faculty (or staff) need/rationale for access to student educational records.

Please take a moment to review the form and any prior comments before filling out your particular section. Fill out each section completely. Areas such as date of referral and comments have been designated as mandatory and must be filled out before you will be able to send this form to other designated users.

When sending this form to additional faculty, please keep in mind that this is confidential information, bound by the regulations set forth by FERPA and/or HIPPA.

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Name of faculty/staff requesting access

Date of Request

Reason for the request.

Reason that the requester's job requires access to student data.

Specific information needed to be accessed.

**By providing your initials, you are attesting to the accuracy and completeness of the information provided in this form.**

I have a legitimate educational interest for the data access request.

I am responsible for exercising due care to protect this information from unauthorized disclosure.

I understand that unauthorized access and use/dissemination of data are serious offenses which may be subject to discipline.

*Signature of faculty or staff*

**For Office Use ONLY:**

*Date form received by the Office of the Registrar*

*Date form sent to the Office of Medical Education*

*Signature of the reviewer*

*Date*

**Mark "x" for decision.**

*Access Granted*

*Access Denied*



