

Student ID#: _____ **Date:** _____
Email: _____ **Phone Number:** _____
Last Name: _____ **First Name:** _____ **Middle Initial:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____

Check one (1) of the following:

- I would like an appointment to view my COMPLETE unredacted records if they exist and are available; or
- I would like to request a copy of records as specified below, if the records exist.
- | | |
|--|---|
| <input type="checkbox"/> Assessment testing | <input type="checkbox"/> High school transcript/GED/HiSETT |
| <input type="checkbox"/> Degree/graduation audit | <input type="checkbox"/> College/university academic transcripts (transfer) |
| <input type="checkbox"/> Admissions application and/or acceptance letter | <input type="checkbox"/> Other academic records: _____ |

The College will respond with seven (7) business days to this request for records. No search or access will be made without appropriate signature and documentation as required. Records that are archived may take up to three (3) weeks to locate and access. The records maintained by the Office of the Registrar consist of the student's academic and matriculation history. Student files are maintained only for actively matriculated students (students enrolled in a degree or certificate-seeking program) for five (5) years; they are then destroyed. Record access is subject to the Family Rights to Educational Privacy Act (FERPA).

I understand and acknowledge that requesting and receiving a photocopy of the documents on file and in the legal possession of Cape Cod Community College are not considered official and may not be considered so by any other receiving institution if not sent directly by the originators of the documents.

Disclaimer: Cape Cod Community College is supplying his or these documents at the student's request only and accepts no liability or responsibility in the use of photocopies once in possession of the student.

Student Signature _____
Date

For Parent Use Only:

I have documentation attached showing that the student above is a dependent under the age as defined by IRS forms and is claimed as such by me. I also have a photo ID as well as legal written consent from the student to view the student's records. I understand I may only request an appointment with the Registrar to view the student's complete unredacted records, if they exist and are available. No records will be mailed to me.

Parent Name (printed): _____
 Parent Signature: _____ Date: _____

Office of the Registrar Use:

Date Received: _____ Date Reviewed/Mailed: _____
 Date Entered in Jenzabar: _____ Initials: _____

Once completed, place this form in student's file.