

Request for Student Record Data

Requests for student records may be made through the Registrar's Office for educational purposes, by WSU departments and certain non-WSU entities. Requests for data that can be fulfilled within the department, college or division using the student data warehouse should be done by that unit. Requests that cannot be fulfilled internally by a department, or those being requested from outside WSU, can be made to the Registrar's Office using the attached form.

Washington State University may release student directory information to WSU administrative departments, outside entities conducting research as well as to student groups (RSOs) and certain other groups. Directory Information includes the following: name (including any former name), local and permanent addresses, telephone numbers, email addresses, major and minor fields of study, participation in officially recognized sports, weight and height of members of athletic teams, dates of attendance, enrollment status (e.g., undergraduate, graduate; full-time or part-time), grade level, degrees, certificates, and awards received, including the President's Honor Roll, and the most recent previous educational institution attended by the student. Non-directory, or confidential student record information will only be released based on legitimate educational interest within WSU, and in limited cases outside the institution, such as educational assessments and approved research.

Access of education records for personal interests is strictly prohibited.

Education records can be released to some organizations conducting studies and for legitimate academic research provided that

- The procedures utilized and the reported findings do not violate the student's confidence;
- Students' names will not be included in the study or in any way linked with the data;
- Case histories and case records are sufficiently disguised to prevent identification of the individuals involved;
- The student's written permission is obtained where individual identification occurs; and
- Such information will be destroyed when no longer needed for the purposes for which it was provided.

To request graduate student information please contact Scott Avery, Director, Graduate Program Assessment, Graduate School, 335-1574 or scottavery@wsu.edu

Completed forms can be scanned and emailed back to our office at the following email address recordrequest@lists.wsu.edu or it can be sent to us using Interdepartmental mail, our campus zip is **1035**. Unsigned forms received in the Office of the Registrar will be returned upon receipt.

Feel free to contact our office if you have questions in regards to this form and information that may be requested.

Matthew Zimmerman, Registrar
(509) 335-0899

Office of the Registrar
Washington State University
P O BOX 641035
PULLMAN WA 99164-1035

Request for Student Record Data

Requestor Information ----Faculty or Staff member not an enrolled Student-----Please Print Clearly

LAST NAME, FIRST NAME, MIDDLE INITIAL DEPARTMENT / ORGANIZATION Phone #

IRB# _____ (attach Approved forms and memos) Invitation ___ Mailing ___ Other ___ Survey _____

Survey requests should be a random sampling not for all enrolled. Please note the sample size, and the stratification for the sample if needed.
(i.e. equal amounts of M/F, Class Standing, etc.).

Purpose of Request

Information requested, date needed, and in what format: (e.g. EXCEL, PDF, TXT,CSV)

Information requested (Check the appropriate box for all items you are requesting that are considered directory information.)
If you are interested in a specific Field of Study in the report please list it on the line provided behind the title.

Name (last,first,middle)

- Separate columns
- All in one cell

Class standing

- Fresh Junior
- Soph Senior
- Post-Bac

Program/Plan

- Academic Interest
- Majors list: _____
- Major 1 Additional Major

Address Information

- Local/Mailing Permanent/Home
- Email Phone #

Type of Student

- New Enrolled Continuing Enrolled

Degree(s) Conferred (WSU) Year/term (yyyyt) _____ Degree Applied Year/Term (yyyyt) _____

Additional Information not noted above: _____

I hereby agree to keep the information disclosed to me confidential according to state and federal regulations and to use it for the intended purpose only.

SIGNATURE

DATE

OFFICE USE ONLY: Disposition of request: ___ Approved ___ Disapproved by _____ date _____
Date report completed _____ Email notification sent _____ Posted to sharepoint _____