



Request for Access to Educational Records for Research

Instructions

FIU-108 of the [Board of Trustees Regulations](#) requires that requests for academic research involving student education records be referred to the University Registrar and to the Provost for approval.

The Principal Investigator (PI) needs to email the signed form to Dr. Howard Holness (holnessh@fiu.edu) for the Provost’s approval. Dr. Holness will then forward the form to Dr. Kevin Coughlin for the Registrar’s approval. Dr. Coughlin will then return the final approved form back to the PI.

Project Information

Principal Investigator Name: _____

Principal Investigator Email Address: _____

Title of Project:

Describe the purpose of the research:

Explain why the student data are necessary:

List the type of student data that are needed (e.g. ACT score, etc.):

Describe the group to which the student data are limited (e.g. only students with 3.00 GPA or above):

Explain how long you will need to store the student data for (e.g. 3 months, 1 year, etc.):

Explain if your study requires access to identifiable, coded or de-identified student data:

FERPA Exceptions

The student records being requested fall under the following FERPA Exception(s):

- Directory Information** – The student records will be limited to: Student’s name, local and permanent address, and telephone number(s); Date and place of birth; Student classification and major and minor fields of study; Participation in officially recognized activities and sports; Weight and height of members of athletic teams; Dates of attendance, degrees and awards received; The most recent previous educational agency or institution attended by the student; and/or Photographic image.
- De-Identified Information** – My research study will not require Identifiable student records.
- Research Conducted for or on Behalf of an Educational Institution** – My research will be limited to: Developing, validating, or administrating predictive tests; Administering student aid programs; or Improving instructions.

Affirmation of Principal Investigator

As the Principal Investigator, I will safeguard the data and ensure that no personally identifiable information about any individual will be published or made available to others.

Signature of the Principal Investigator _____
Date

Approval of Provost

- Request is granted in whole
- Request is granted in part
- Request is denied

Special Conditions / Comments (if applicable):

Signature of the Provost _____
Date

Approval of University Registrar

- Request is granted in whole
- Request is granted in part
- Request is denied

Special Conditions / Comments (if applicable):

Signature of the University Registrar _____
Date