



OFFICE OF THE REGISTRAR
366 Luna Drive • Las Vegas, NM 87701
 (505) 454-5314 • (800) 588-7232 ext. 1224 • FAX (505) 454-5348 •

Request for Educational File Review

Students of Luna Community College (LCC) have a right under the Family Educational Rights and Privacy Act of 1974 (FERPA), 34 CFR § 99.10 & 99.12 to inspect and review their education records maintained by LCC.* LCC will make every attempt to respond to the request of the student in a timely manner, however, the institution has 45 days to comply and respond to this request. **Please note that your education record consists of many records maintained by different college offices.**

Print Name (First, Last)	LCC Student ID#		
Current Address	City	State	Zip Code
Daytime Telephone			Date of Birth

I request to review of the following education records maintained by Luna Community College about me/dependent student. **Please note individual departments such as Allied Health Sciences/Dental Assisting, Cosmetology, Early Childhood & Education, Humanities, Nursing, School of Business, Science, Technology, Engineering & Mathematics, & Vocational Education may maintain a record for you which may not be included in the education record maintained by the offices below.**

- All records maintained by LCC Business Office
- All records maintained by LCC Office of Financial Assistance
- All records maintained by LCC Office of the Registrar
- All records maintained by LCC Office of Admissions
- Other records as follows: _____

Student/Parent/Guardian Signature _____ Date _____

**Must be presented with a valid photo ID to
 The Office of the Registrar,
 Luna Community College
 Student Services Building
 Las Vegas, NM 87701/505-454-5314**

***Note to parents:** Parents/Guardians of a dependent student, as defined in § 152 of the Internal Revenue Code of 1986, have the right to inspect and review the education records of their dependent student as long as the office in which the inspection will take place has received a copy of the signed Dependent Student Verification Form.

Office Use Only:
 Date Request Received: _____
 Date & Time Review will be granted: _____
 Copy of this request in students file: Yes or No
 If no explain: _____
 Is amendment requested: Yes or No
 If yes/no explain: _____
