POLICY ON ACCESS TO STUDENT RECORDS

Policy Statement

Student academic records are confidential documents. This policy outlines those individuals who have a right to access student academic records and the procedures required to obtain access to said records.

The following individuals may access student records at any time in the conduct of their administrative duties in the School of Medicine and Health Sciences:

- Administrative staff of the Office of the Dean, SMHS
- Assistant and Associate Deans for Student Affairs and Curriculum
- Senior Associate Dean for M.D. Programs
- Dean, School of Medicine and Health Sciences

A student may request access to their records at any time by completing the attached request/consent form and presenting it to a member of the Dean’s Office administrative staff or one of the deans. In general, records are available for immediate review, but, in any case, they will be made available to the student within 24 hours.

The following individuals may access student records only with written consent of the student as provided via the request/consent form. Only those documents specifically indicated by the student will be released.

- Faculty and staff of the Medical School
- Members of the decanal staff other than those listed above
- Individuals external to the SMHS including, but not limited to, family, members of the public, scholarship organizations, employers, residency program staff and faculty, and licensing bodies.

Students who wish to contest the presence of any materials (e.g., letters, reports) may do so by submitting the attached form to the Associate Dean for Student Affairs.

The Associate Dean for Student Affairs will review the student’s request and may
a) Approve the request without further review or
b) meet with the student to obtain additional information prior to making a
decision. If the student disagrees with the decision of the Associate Dean
for Student Affairs, the student may appeal to the Senior Associate Dean
for M.D. Programs whose decision will be final.
N.B. This procedure is not to be used to challenge a course or clerkship grade;
that policy/procedure is defined in the Regulations for M.D. Candidates.

Reason for Policy/Purpose

To comply with federal regulations regarding student privacy (FERPA).

Who Needs to Know This Policy

All students, residents, fellows, faculty, and staff of the School of Medicine and Health Sciences

Forms

See appendices for Request/Consent Form for student records.

Contacts

Office of Student Affairs 202-994-2202 kdirkes@gwu.edu

Definitions

1. Student Records: student records are defined as the content of the
student’s formal academic file including admissions information, official
correspondence, consent forms, grades, evaluations, records of sanctions
and proceedings related to Medical Student Evaluation Committee review
of academic, honor code, or professionalism violations, residency match
results, and any electronic files, databases, or applications containing these
documents or information.

2. Immunization Records: these records are not part of the student’s academic
record and are maintained in a secure database managed by the
George Washington University Hospital Employee Health Office. These
records can only be released by Employee Health with the written consent
of the student. These are not available to the Deans, faculty, or staff of the
SMHS.
Appendices

Request/consent form for access to medical student records

Who Approved This Policy

Office of Student Affairs, MD Program, School of Medicine and Health Sciences
Executive Committee of the SMHS Faculty Assembly, 11/17/2015
Request/Consent to Review Medical Student Academic Records
MD Program, The School of Medicine and Health Sciences
The George Washington University

Student Request to Review Records:

Date of Request: _______________________
Student Requesting Records: _______________________

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Student Consent to Allow Another Individual to Review Records:

Name of Student: _______________________
Name of Individual Authorized to Review Records: _______________________

I authorize the individual named above to access my academic records as directed below (check all that apply):

_____ Entire academic record
_____ Grades and evaluations
_____ Correspondence
_____ Records related to academic, honor code, or professionalism proceedings and sanctions
_____ Admissions data (original AMCAS application only)
_____ USMLE board scores
_____ Unofficial Transcript
_____ Medical Student Performance Evaluation

Student Signature: _______________________
Date and Time: _______________________

Staff Member Providing Access: _______________________
Signature: _______________________
Date and Time: _______________________

(Please Turn Over)
Student Request to Contest Records:

Date of Request: ____________________________
Student Contesting Record: ____________________________
Item Being Contested: ____________________________
Reason for Request to Contest: ____________________________

Student Signature: ____________________________

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Original Copy to be maintained in the academic record