



**THE GEORGE  
WASHINGTON  
UNIVERSITY**  
WASHINGTON, DC

**Responsible University Official:**  
Associate Dean for Student  
Affairs

**Responsible Office:**  
Office of Student Affairs

**Most Recent Revision:** 11/17/2015

## **POLICY ON ACCESS TO STUDENT RECORDS**

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### **Policy Statement**

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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) 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.

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## **Reason for Policy/Purpose**

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

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## **Who Needs to Know This Policy**

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

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## **Forms**

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See appendices for Request/Consent Form for student records.

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## **Contacts**

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Office of Student Affairs      202-994-2202 [kdirkes@gwu.edu](mailto:kdirkes@gwu.edu)

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## **Definitions**

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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.

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## **Appendices**

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Request/consent form for access to medical student records

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## **Who Approved This Policy**

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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***