



**THE GEORGE
WASHINGTON
UNIVERSITY**
WASHINGTON, DC

Responsible University Official:
Associate Dean for Student Affairs
Responsible Office: Office of Student
Affairs
Most Recent Revision: 7/2018

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 (SMHS):

- Administrative staff of the Office of the Dean, SMHS;
- Assistant and Associate Deans for Student Affairs and Curriculum, SMHS;
- Senior Associate Dean for MD 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 Office of the Dean's 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 SMHS;
- Members of the decanal staff other than those listed above;
- Individuals external to 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

- Approve the request without further review; or
- 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 MD 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 MD 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 SMHS

Forms

See appendices for Request/Consent Form for student records.

Contacts

Office of Student Affairs; 202-994-2202

Definitions

- A. 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.

- B. 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 Office with the written consent of the student. These are not available to the deans, faculty, or staff of SMHS.

Appendices

Request/consent form for access to medical student records

Who Approved This Policy

Office of Student Affairs, SMHS

Executive Committee of the Faculty Senate, 11/17/2015

**Request/Consent to Review Medical Student Academic Records
MD Program, the George Washington University School of Medicine
and Health Sciences**

Student Request to Review Records:

Date of Request: _____

Student Requesting Records: _____

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: _____

Student Request to Contest Records:

Date of Request: _____

Student Contesting Record: _____

Item Being Contested: _____

Reason for Request to Contest:

Student Signature: _____

Original Copy to be maintained in the academic record