

FERPA Complaint Form

If you believe your rights under the Family Educational Rights and Privacy Act (FERPA) have been violated, you may use this form to file a complaint. Please include as much detail as possible. Complaints must be submitted within **180 days** of the violation or when you first became aware of it.

Section 1: Student Information

Full Name (Please Print):	Date of Birth:	SSN or UOG ID Number:
Mailing Address:		Permanent Home Address:
Phone Number:	Email Address:	

Section 2: Department/Individual Involved (if known)

Department/Office	Department/Office Location:
Name of Individual:	Position/Title:

Section 3: Description of Alleged Violation

Describe in detail the nature of the FERPA violation. Be as specific as possible, and include the following:

What happened:	Who was involved:
When and Where it occurred:	Which specific education records were involved:
Why do you believe this action violated FERPA rights: (attached additional pages if necessary)	

Section 4: Supporting Documentation

List and attach any documents that support your claim (e.g., emails, letters, screenshots, forms, etc.):

Section 5: Internal Resolution Attempt (Optional)

If you have already attempted to resolve this matter within a department or office (e.g. by speaking with a faculty member, staff, or administrator), please describe the steps you took and the outcome.

Note: You are not required to attempt internal resolution before filing this complaint.

The Office of the Registrar or assigned FERPA Liaison will investigate your complaint and will determine if a violation of FERPA has occurred. You will be contacted within 10 business days to provide you with an update of the investigation.

Section 6: Certification

I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY:

Received by: _____ Date: _____

FERPA Liaison _____

Resolution & Action Taken: _____

Corrective Action Completed on: _____

Official Letter Issued (to staff involved) Date: _____

Written Summary Issued Date (to complainant) Date: _____