




Education Record Request Form

The Family Educational Rights and Privacy Act (FERPA) affords students the right to inspect and review their education records. Due to the volume and diversity of academic records, you must be specific about the exact record(s) you wish to inspect. The Student Services Office will provide copies of education records* maintained within the Student Services Office according to the Education Record Copy Fee listed below.

Processing times vary based on the nature and volume of records requested.

Office Use Only:	
Amount Charged: _____	Initials: _____
Payment Method: _____	
Delivery Method: _____	
Date Delivered: _____	

***Official IECC transcripts must be ordered using the transcript request process, requiring a separate fee. (Visit www.iecc.edu/transcript)**

1. Student Information				
Student ID Number	Date of Birth (mm/dd/yyyy)	Former Name(s)		
Last Name	First Name	Middle Name		
Current Mailing Address	City	State	Zip	
Phone Number(s)	Email Address			
2. Education Records Requested				
Please indicate the specific records you would like to inspect.				
3. Delivery Method				
Please indicate how you'd like to view/receive the requested records.				
<input type="checkbox"/> I would like to make an appointment to visually inspect my education record(s) specified in this request OR <input type="checkbox"/> I would like photocopies of my education record(s), specified in this request, processed as follows:				
<input type="checkbox"/> Make available for pick-up in the Student Service Office <input type="checkbox"/> Send U.S.P.S. Mail to the following address: _____ _____				
4. Authorization and Payment				
Education Record Copy Fee = \$.25 per page (plus postage if applicable)				
 Student Signature Required - <i>Unsigned requests will not be processed</i>				
_____ (We cannot accept electronic signatures, you must hand sign this document.)				Date (mm/dd/yyyy)
<input type="checkbox"/> Check Enclosed (Payable to IECC)		<input type="checkbox"/> Cash Paid – Attach receipt from the Business Office (Do not mail cash)		
<input type="checkbox"/> Visa/MC Number: _____		<input type="checkbox"/> Expiration Date (mm/yyyy): _____		<input type="checkbox"/> CVV: _____
<input type="checkbox"/> Credit Card Billing Address: _____				

This form may ONLY be submitted via hand-delivery, mail, or fax to Student Services at the college of attendance:

Frontier Community College
 2 Frontier Drive
 Fairfield, IL 62837
 Phone: 618-842-3711
 Fax: 618-842-3412

Lincoln Trail College
 11220 State Highway 1
 Robinson, IL 62454
 Phone: 618-544-8657
 Fax: 618-544-4705

Olney Central College
 305 N. West Street
 Olney, IL 62450
 Phone: 618-395-7777
 Fax: 618-395-1261

Wabash Valley College
 2200 College Drive
 Mt. Carmel, IL 62863
 Phone: 618-262-8641
 Fax: 618-262-8647