



CAL POLY POMONA

STARRS Singularity Account Request Form

Requestor: _____ **Title:** _____
Last Name First Name (i.e.: Faculty, Advisor, etc.)

Department/College: _____ **Bronco Number:** _____

Email Address: _____

Reason for requesting access:

You are requesting access to the information and imaged documents contained within the Singularity Archive. The documents, images and data contained within the Singularity Archive are protected under the Federal Family Educational Rights and Privacy Act of 1974 (FERPA). Account holders may view and print these forms of information, but **cannot release this information or copies/printed versions thereof**. The Registrar’s Office is the **only** office authorized to issue original, copies, verified or certified versions of Academic Records or other documents protected under FERPA. **Your access** is based on having a legitimate educational interest in the access of this information in connection with your academic, administrative and/or service functions for the University. For more information on FERPA, please go to: <http://dsa.csupomona.edu/registrar/ferpa.asp> or contact Maria L. Martinez, Registrar and Campus FERPA Officer, at mlmartinez@csupomona.edu, or (909) 869-2373.

My signature below confirms that I have read the above statement and that I acknowledge that:

For the Requestor –

- I cannot provide students with copies of Cal Poly Pomona or other institution’s transcripts.
- I cannot release information contained within Singularity Archive to a third party.
- I agree to maintain the confidentiality of the information retrieved and to limit its use for the expressed purpose stated above.

For the approving official –

- I confirm as the Department/College/School approving official, that the requestor has a valid educational interest to access the information in the Singularity Archive, in the performance of him/her duties.

Signature of Requestor: _____ **Date:** _____

Department/School/College Approval:

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

FERPA Officer: _____

Please retain a copy for your records and send the completed form to:

**Maria L. Martinez, Registrar
Registrar’s Office
Bldg. 98, Rm. R2-20**