

MAINTENANCE OF STUDENT RECORDS

All student records shall be recorded and maintained by the Program. Past student records shall also be maintained per Standards for an Accredited Program in Radiologic Sciences with the JRCERT and State of Nebraska Statute.

Responsibility: Program Officials
Standard: Administration
JRCERT Standard(s): 1.4

The student will be assigned a unique eight-digit student number. The first four digits will identify the year the student enrolled in the program. The last four digits will correspond to the last four digits of the student's social security number.

Federal law provides the student with the right to inspect and review information contained in his or her educational records, including grades, attendance, and financial records, to challenge the contents of the student's education records, and to engage the Grievance Policy if the outcome of the challenge is unsatisfactory.

Student records from Regional West Medical Center School of Radiologic Technology shall be maintained in the Program Director's office, another secure location on the institution premises and / or at a secure location on RWMC's computer network system. Student records will be archived on RWMC's computer network system after the student's graduation to provide a means of permanent access to the record.

The contents of the student's records after graduation shall contain at a minimum the following items:

1. Student Admission Records
2. Student Attendance Records
3. Clinical and Didactic Grades
4. Radiation Monitoring Records
5. Health Records
6. Clinical Competency Records
7. Clinical Rotation Records
8. Permanent Transcripts
9. Corrective Action Records
10. Grievance/Complaint Records
11. Financial Records

After five years, the Program must maintain only a Permanent Transcript and the Radiation Monitoring Reports.

Permanent academic records shall be maintained for at least fifty years after the student has departed from the Program.

The official transcripts issued by the Program shall include the following:

1. Name and address of the school
2. Name and address of student while enrolled in the Program
3. Student identification number used by school
4. Date of entry and date of exit
5. The name of the program of study pursued
6. Courses taken
7. Credit hours per course
8. Grade earned
9. Status of the student – graduated, terminated, withdrew
10. The transcript of a graduating student shall indicate if the student graduated in good standing and the date of graduation

A transcript issued shall include the signature and title of Program Director, date of issue, and the school seal.

The Program will not charge a fee for the issuance of a student's transcript.

Financial Records

A student's financial aid information and financial records shall be kept in a separate folder from the student's academic records.

Financial Records shall include the following:

1. Student's name and address
2. Student identification number used by the school
3. Program of study pursued
4. All expenses incurred
5. All payments made

Financial records shall be maintained for at least five years after the student has departed from the Program.

The Program will not release, transfer, disclose, or otherwise disseminate student's records or information contained therein, unless upon the student's e-mail or written request, except to persons authorized or required to have such information by state or federal law or pursuant to a court order.

Signature
Stephanie Cannon, MSRS, RT(R)(ARRT)
Program Director

Signature
Joshua Lively, MHA, BSRT(R), RT (R)(VI)(ARRT)
Director of Imaging Services

Reviewed: 12/12/94, 5/28/98, 12/27/99, 3/28/00, 3/28/02, 07/02/09, 5/4/11, 2/16/12, 1/16/15, 1/13/17, 1/5/2018, 1/10/19, 3/26/2020, 9/2/21, 2/3/2022, 2/16/23, 2/8/24, 5/9/2025

Revised: 09/22/88, 3/9/00, 8/18/00, 4/6/05, 5/13/06, 9/12/07, 5/4/11, 2/16/12, 2/7/13, 1/31/14, 1/15/16

**REGIONAL WEST MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY
RELEASE OF STUDENT RECORDS**

Date: _____

I, _____, give
permission for Regional West Medical Center School of Radiologic Technology
to release the requested information to the following parties (include mailing
addresses):

Signature of Student

Student's name while in School and the year graduated

Current address of Student

Current phone number and e-mail address of Student