

# FERPA DISCLOSURE FORM

STUDENT NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
NAME OF COLLEGE OR UNIVERSITY: \_\_\_\_\_

The purpose of this form is to give permission to the university/college in which I am enrolled to release certain information about me that would otherwise be confidential.

I understand that the Family Educational Rights and Privacy Act (FERPA) is a federal law that gives me rights of privacy to certain records and information maintained about me by the university/college. To the extent stated herein, I freely and voluntarily waive FERPA and I expressly permit the university to release the following information about me:

1. **DIRECTORY INFORMATION:** I understand that under FERPA, directory information is not private unless I request confidentiality. Directory information includes my name, address, telephone number, email address, major field of study, dates of attendance, enrollment status and degree conferred. If checked below, I direct the university/college to keep my directory information confidential and not to release it to any third party.

I hereby direct the university to keep my directory information confidential.

2. **EDUCATION RECORDS:** I understand that under FERPA, education records are records and information maintained about me other than directory information, and may include my academic transcript, grades, attendance, academic probation and other university discipline, as well as financial information. I understand that FERPA would require the university/college to keep my education records confidential unless I expressly consent to the release of this information.

I hereby direct the university/college to release my education records designated below to the following individual(s):

_____	_____
Name	Contact Information
Relationship to me: _____	

_____	_____
Name	Contact Information
Relationship to me: _____	

The education records I authorize you to release are:

- my academic transcript, including all my grades and attendance records
- all records and information about any academic probation or other discipline

- records and information about any concerns expressed by students, teachers, or the administration about my emotional health or wellbeing.
- the content of this Disclosure Form

It is my intention that this Disclosure Form shall remain in effect throughout my enrollment in the university/college, unless I may revoke it in writing. It is my direction that the university/college release the education records about me to my designated individual(s) upon their request, and that the information encompassed by this Disclosure Form may be released verbally or in the form of written copies of documents maintained by the university/college on an ongoing basis.

Signed: \_\_\_\_\_

Print name:

Date signed: \_\_\_\_\_