



919-962-0805

SASB North | Suite 2105 | Campus Box 5100
450 Ridge Road | Chapel Hill, NC 27599-5100
studentconduct.unc.edu

Date: _____
Month / Day / Year

PERSONAL AND CONFIDENTIAL

RE: FERPA RELEASE FORM

I, _____, understand that I am granted certain privacy rights under the Family
Name of Student

Educational Rights and Privacy Act; I am waiving my privacy rights in regards to my

_____, considered part of my educational
Description (e.g., Honor System or Alcohol Policy matter)

record. I authorize _____ to disclose, make accessible,
Office of Student Conduct Representative

and furnish information with _____,
Relationship to Student *Name of person receiving information*

I understand that I can rescind this waiver at any time with written notification to the Office of Student Conduct.

Student's Signature: _____
Student's Signature

Authorized and approved by: _____
Office of Student Conduct Representative