PERSONAL AND CONFIDENTIAL

RE: FERPA RELEASE FORM

I, __________________, understand that I am granted certain privacy rights under the Family Educational Rights and Privacy Act; I am waiving my privacy rights in regards to my ________________________________________________, considered part of my educational record. I authorize _________________ to disclose, make accessible, and furnish information with ____________________, ____________________________.

Name of Student

Description (e.g., Honor System or Alcohol Policy matter)

Office of Student Conduct Representative

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: _____________________________________________

Authorized and approved by: ______________________________________

Office of Student Conduct Representative