PERSONAL AND CONFIDENTIAL

RE: FERPA Release Form

I, ____________________________, understand that I am granted certain privacy rights under the Family Educational Rights and Privacy Act of 1974 (FERPA); 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 the following individual(s) below.

<table>
<thead>
<tr>
<th>Relationship to Student</th>
<th>Name of Individual</th>
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<td>_______________________</td>
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I understand that I can rescind this waiver at any time with written notification to the Office of Student Conduct.

_______________________________  ______________________________
Student’s Signature                      Date

_______________________________  ______________________________
Office of Student Conduct’s Signature          Date