



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 of 1974 (FERPA); I am waiving my privacy rights in regards to my

_____, considered part of my educational record.
Description (e.g., Honor System, Alcohol Policy, COVID-19 compliance matter)

I authorize _____ to disclose, make accessible, and furnish information
Office of Student Conduct Representative

with the following individual(s) below.

Relationship to Student

Name of Individual

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