_____ _____

Student Name (Print Name) ~ t / • Identification Number

The Family Educational Rights and Privacy Act of 1974 (FERPA), requires that [illegible] maintain directory information as confidential information. Such information cannot be released to anyone other than the student. By FERPA definition, under most conditions, parents, legal guardians and/or spouses are considered as third party individuals and are not allowed access to educational records without the written consent of the student.

I, the student, understand that by signing this form, I grant [illegible] permission to discuss and/or release information pertaining to any and all behavioral, student conduct or judicial process records retained by the Office of Student Conduct.

This information may be related to directory or non-directory information. I also understand that financial aid and medical/health information are not encompassed in this release.

I understand that this consent form will be in effect during the current academic year and that I may revoke the waiver in writing at any time by informing the Office of Student Conduct.

NAME: _____ RELATION: _____ Phone Number:_____

NAME: _____ RELATION: _____ Phone Number:_____

Limitation of Information to be Released (please check one)

Release all information specified above related only to my current case