BS-ID
FERPA

UNIVERSITY of DAYTON

Consent to Disclose Education Records

The Family Educational Rights and Privacy Act of 1974 (FERPA) was designed to protect the privacy of a student's education records and to afford students certain rights pertaining to their education records. The University of Dayton complies with FERPA and explains its procedures in the **University of Dayton Policy on Disclosure of Education Records**. In accordance with FERPA and its policy, the University of Dayton will disclose information from education records with the student's written consent.

By signing this document below, I consent for the appropriate record custodian to release information from my education records to the following parties, as designated below:*

☐ Parent(s) _____
Name(s)

☐ Professor(s) or
☐ All Professors _____
Name(s)

☐ UD Administrator(s) _____
Name(s) / Titles

☐Transferring Institution(s) _____
Name(s) of Institution(s) / Individuals' Names

☐ Other _____
Name(s) / Indicate Relationship (*e.g.*, spouse, sibling, friend)

Types of Information

☐ Grades/GPA ☐ Schedule ☐ Class Attendance
☐ Billing statements, past due amounts, collection activity
☐ Financial Aid awards, disbursements, eligibility
☐ Disciplinary records
☐ Records maintained by the Office of the Registrar
☐ Student employment records
☐ Records maintained by Center for International Programs
☐ Other (explain)* _____

This authorization can be revoked by me at any time with written notification to the Registrar's Office.

_____ _____
Student Signature Date

_____ _____
Printed Name Student ID Number

* *Consistent with FERPA, the University generally does disclose certain records without a student's consent in a number of specified circumstances. For more information, please consult Section A(III)(a) of the* ***University's Policy on Disclosure of Education Records****. Using this form to release records that are not technically education records does not transform those records into education records. This "other" box should not be used to seek access to treatment or disability records.*

Note: The contents of this form will be uploaded on DegreeWorks by the applicable custodian/gatekeeper and subsequently verified by the Office of the Registrar. ***The form itself should be sent in a sealed envelope to the Office of the Registrar (+1668).*** *Do not send form by facsimile.*

OFFICE USE ONLY

Custodian/gatekeeper's acknowledgement that information entered into DegreeWorks: _____
Custodian/Gatekeeper Signature Date