



Consent to Disclose Student Records

Student: _____

Last Name	First Name	ID #	Case Number
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In accordance with the Family Educational Rights and Privacy Act of 1974, U.S.C. 1232, University policy prohibits the release, to third parties, of information contained in a student's educational records without the express written consent of the student. The above listed individual requests that a University employee discuss/review his/her file as indicated below. In signing this document, the individual releases the University of Southern Indiana including its Division of Student Affairs and its employees, of any responsibility for misappropriation of the information released.

This consent may be revoked at any time (by means of written request to the Dean of Students Office), except to the extent that action has already been taken upon this release. If not revoked sooner or extended, this authorization will expire at the end of the current academic year (i.e. on the first day of fall semester classes).

Person(s) to whom your file may be disclosed and/or reviewed; the extent to which a University employee may discuss the contents of your file (default is "Full"); and the University employee (only authorized University employees have access to student educational records) who may speak to the person named below (default is "Any"):

Name	Relationship	Attorney Yes or No	Disclosure Full or Partial ¹	University Employee Any or Specific ²

Signature: _____ **Date:** _____

Witness or Staff: _____ **Date:** _____

¹ If "Partial Disclosure," list stipulations on the reverse of this form.

² If "Specific," list individuals/offices on the reverse of this form.