UNIVERSITY OF LOUISIANA AT MONROE AUTHO RI ZATION TO RELEASE EDUCATI ON RECORDS

In accordance with the federal *Family Educational Rights and Privacy Act of 1974* (FERPA), as amended, a student 's education records are maintained as confidential by the University of Louisiana at Monroe (herein ·'U LM" or the "University") and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student's prior written consent. A student *may* grant permission to authorized personnel of the University to release some or all of that student's education records by completing this authorization and consent form. The student will be given a copy of the completed form. This form must be filed by the student with each office which is being requested to share information with a third party. Additional pages may be attached to include additional information to the applicable section. Return the form to the department that has the information you would like the University to release.

I, CWID: hereby voluntarily consent and authorize University of Louisiana at Monroe official s in the Office of Student Services or designated department(s) to disclose personally identifiable information from my education records.

Specifically, I authorize disclosure of the following information or category of information (Check the box(es) that apply.

 [ ] *All* Educational Records Listed in this Form [ ] Financial Aid Records includes grants, loans, scholarships)

 [ ] Academic Records (includes transcript, grades reports) [ ] Student Affairs Records (includes housing, conduct/disciplinary, Police Reports),

 [ ] Student Account and Billing Records [ ] Counseling Records

*The person(s) authorized to receive these records is (are):*

 [ ]  Office of Student Services may release my disciplinary records to my support person.

 [ ] Office of Student Services may release my disciplinary records to the ULM Counseling Center.

 [ ] Waiver for my support person to attend the meeting/hearing.

Name:  Address:  Phone:  Email: 

 For the purpose of informing family members/support person

  Counseling Referral

 Employer/Prospective Employer(s)

 Background Check

 Educational Institutions

 Other:

DURATION OF AUTHORIZATION/CONSENT

Choose One:

Option One: Limited Consent

Sign below:

# \_ I acknowledge that this consent and authorization is valid fromto.

#  Sign below

# Option Two: Indefinite Consent

# \_I acknowledge that this consent and authorization shall remain in effect indefinitely in the Office of Student Services until written revocation from me is received in the Office of Student Services, and that such revocation shall not affect disclosures previously made prior to the receipt of my written revocation.

Student’s Signature:- Date:--

For Official Use Only

Form Received by:  Date: 

Records Disclosed by:  Date: 

REVOCATION OF CONSENT AND AUTHORIZATION

# I, the above named student or former student, hereby revoke my consent and authorization to release my educational records.

Student Signature:  Date: 

 For Official Use Only[ ]

Revocation Received by: \_Date: