

FERPA RELEASE FORM

OFFICE OF STUDENT STANDARDS AND CONDUCT

According to the U.S. Department of Education, “the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. §1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records (2007).” Student disciplinary files are not exempt from this law. The Office of Student Standards and Conduct (OSSC) has a responsibility to protect and maintain your confidential student information, including your disciplinary record. In order for the OSSC to be able to release any information pertaining to your disciplinary record to another individual besides yourself, you must provide our office with written and signed documentation that indicates your consent to the release by completing the form below. Any forms that are not signed in the presence of a staff member with the OSSC or an individual acting on behalf of the OSSC will not be accepted until the student speaks with their assigned Hearing Officer to review their rights as a student pertaining to the release of information and verifies with the student that the student signed the returned form.

I understand that:

1. I have the right not to consent to the release of my educational records;
2. I have the right to decide what information may and may not be released;
3. This consent shall remain in effect until revoked by me, in writing, and delivered to the above-named office to whom this release is granted, but that such revocation shall not affect disclosures previously made by the above-named office prior to receipt of any such written revocation.

I ____waive (OR) ____do not waive (**check one**) my right under FERPA to release the disciplinary information listed below.

I, _____, knowingly allow _____ the right to access the following information that is contained in my disciplinary record (**please check one**):

Release of **ALL** my information contained in my disciplinary file at the University of Arkansas-Fayetteville

Release only information related to the following incident that occurred on the following date and location, pursuant to this authorization.

Incident Date ____/____/____

Incident Location (i.e., place, class, online, etc.) _____

Release parts/sections of my discipline file – please specify (i.e., specific letters, reports, etc.). Please utilize the space below to provide the description of this information.

I fully acknowledge that my disciplinary history is protected by the Family Educational Rights and Privacy Act.

Student Signature

Date

Witness Signature

Date

***This release of information form will be ineffective three months after the date of the student’s signature.**