



**Dean of Students Office
Consent to Disclose Student Records FERPA Release**

Student's Name: _____

Student ID number: _____ Case number (if known): _____
(the case number may be on any correspondence you received.)

This release relates to the following concerns (please mark all that apply)

- CARE Team concern Title IX concern Student Conduct concern
 Other concern (specify): _____

In accordance with the Family Education 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 record without the express written consent of the student. The above listed individual requests that a University employee discuss/review his/her file as indicated above. In signing this document the individual released the University of Southern Indiana including its Dean of Students Office and its employees, of any responsibility for misappropriation of the information released.

The consent may be revoked at any time (by means of written request to the Dean of Students Office), except to the extent that the 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.

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") who may speak to the person(s) named below:

Name	Relationship	Attorney (Yes or No)	Disclosure (Full* or Partial)	University Employee(s)

*full disclosure includes any details in the educational record. This can include incident details, meeting details, actions taken by the University, actions taken by the student, outcomes or decisions, interim remedies, interventions, etc.

If partial disclosure or specific individuals/office, list stipulations below:

Student's Signature: _____ Date: _____

University Staff Signature: _____ Date: _____