The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, provides for the confidentiality of student educational records. Institutions may not disclose information (other than Directory Information) about students nor permit inspection of their records without their permission unless such action is covered by certain exceptions as stipulated in the Act.

**THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL A SIGNED REQUEST IS RECEIVED FROM THE STUDENT TO CANCEL IT OR UNTIL THE END OF THE ACADEMIC YEAR IN WHICH THE FORM WAS SIGNED.**

Date: ____________________
Name of Student: __________________________________________________________
Student Number: ________________
Incident Date/Number: ______________________________________________________

Release of information to: (check the appropriate box and list name)

☐ Father only: (Name)________________________________________________________
☐ Mother only: (Name)_______________________________________________________
☐ Either Parent: (Names)_____________________________________________________
☐ Other: (Specify Name and relationship)_______________________________________

For the purpose of (circle all that apply):

- Obtaining information related to the incident
- To gain a better understanding of the behavioral process
- To obtain knowledge regarding the student code of conduct
- To serve in an advisory capacity for me
- Other: ___________________________________________________________________

I understand further that: 1) I have the right not to consent to the release of my educational records; 2) I have a right to review a copy of such records upon request; 3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to CMU, but that such revocation shall not affect disclosures previously made by CMU prior to the receipt of any such written revocation.

________________________________________              _______________________
Student’s Signature                                      Date

_______________________________________              _______________________
Received By (OSC use only)                             Date

Please return to The Office of Student Conduct (Ronan Hall 280)