FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) RELEASE

Name of Student: ___________________  Student ID#: ________________________

I, the undersigned, hereby authorize The University of Toledo to release the following educational records or information:

_____ Specific information as follows (I understand that the University of Toledo must review this documentation to ensure no work-related content is contained therein):

____H:Drive______________________________________________________________
______________________________________________________________

The records or information may be released to: _____________________________________

For the purpose of: __________________________________________________________

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to obtain a copy of such records upon request; and (3) that this consent will remain in effect until revoked by me, in writing, and delivered to The University of Toledo, but that such revocation shall not affect disclosures previously made by The University of Toledo prior to the receipt of any such written revocation.

_________________________________  _________________________
Student’s Signature  Date
(or Parent’s Signature if Student is under 18)

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF 20 U.S.C. 1232g(b)(4)(B) WHICH PROHIBITS ANY FURTHER DISCLOSURE WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY FEDERAL LAW.

For more information on FERPA, please visit the Registrar’s website:
http://www.utoledo.edu/offices/registrar or