FERPA PRIOR CONSENT FORM
FOR MEETINGS

This authorization is valid ONLY for the meeting date indicated below.

Meeting Date: __________________

I _________________________________ am aware of my right to confidentiality regarding my educational records, which are part of my student records and protected under the Family Educational Rights and Privacy Act. I consent to the disclosure of my educational records, inclusive of personally identifiable information for purposes of discussion/review at The University of Toledo on the above meeting date. I also authorize the individuals designated below to be in attendance during the discussion/review of my educational records, inclusive of personally identifiable information at The University of Toledo on the above meeting date.

Persons designated to be in attendance on the above meeting date, other than faculty and staff as provided for by FERPA and University Policy, include the following:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student Signature _________________________________________________

Date____________________________________________________________

Signature witnessed by the following University of Toledo Representative

Name ______________________  Date________________________

Department ________________________________________________