

FERPA RELEASE AUTHORIZATION FORM

Division of Mission and Student Affairs at St. Norbert College
Office of Prevention Education and Student Judicial Affairs

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 Prevention Education and Student Judicial Affairs has a responsibility to protect and maintain your confidential student information, including your disciplinary record. In order for the Office of Prevention Education and Student Judicial Affairs 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.

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):

- Student's Name Name of person(s)
[] Release of all of my information contained in my disciplinary file at St. Norbert College
[] 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 Name (print)

Student ID #

Student Signature

Date

This release of information form will be ineffective at six months after the date of the student's signature.

Please return form to:
Office of Prevention Education and Student Judicial Affairs
Room 112, Todd Wehr Hall