FERPA Release of Information Form – Student Organizations

Student Contact Information

Date: ______________________________________
Name: ____________________________________  UFID: _____________________________________
E-mail: ____________________________________  Phone: _____________________________________

Family Educational Rights and Privacy Act (FERPA)
The 1974 Family Educational Rights and Privacy Act is a federal law (20 U.S.C. 1232g) that protects the privacy of a student’s educational record. FERPA applies to all educational institutions receiving funds from the United States Department of Education, from kindergarten through university level. Under FERPA, Student Conduct & Conflict Resolution may not share the contents of a student’s student conduct file with anyone other than the student unless the student provides written consent to do so. Exceptions to FERPA include a health or safety emergency or an educational need to know.

Recipient(s) of Information: __________________________________________________________

Information Release Options (please read all options before selecting)
I give permission to release the selected information below to the individual(s)/entity listed above as the “Recipient of Information” on this form (please select appropriate choice(s)):

☐ Information regarding my current disciplinary standing with The University of Florida (i.e. in good standing, on probation, etc.)

☐ Student Conduct and Conflict Resolution record information, including history of any incidents and charges that I have been found in violation of and subsequent sanctions

☐ Information released to Student Conduct and Conflict Resolution during the recent investigation which references me and my possible involvement in violations of the Student Conduct Code

☐ My full conduct record, including any or all of the above mentioned information

Student Responsibilities and Consent for Disclosure
I understand that (please select all):

☐ by signing this form, I am giving consent to SCCR to release the information specified above to the individual(s) listed above.

☐ this release only applies to my current and prior conduct history and does not give approval to release any future conduct inquiries from the individual(s)/entity listed above.

☐ I am not required to give consent to release any information.

Please select either option below, and sign:

☐ By signing below, I am voluntarily giving my consent to Student Conduct & Conflict Resolution to disclose the information indicated above to the individual(s)/entity listed above as the “Recipient of Information”.

☐ By signing below, I have chosen to not give permission to release any of the information stated above.

_________________________________________  ______________________________
Student Signature  Date