



# UNION INSTITUTE & UNIVERSITY

## FERPA Release

Name of Student (printed): \_\_\_\_\_ UI&U ID # \_\_\_\_\_

\_\_\_\_\_ I am requesting the release of records and information (deemed as non-directory data) from my education records at UI&U.

I, the undersigned, authorize UI&U **to release** records and information relating to my registration, grades, course performance, disciplinary proceedings, tuition and fees, student accounts, schedules and financial aid to and discuss those same records with (supply the third party name and security word to receive protected student information in the box below):

**Name and address of person or agency to receive records or discuss records**

**Provide SECURITY WORD for Authentication of Third Party when communicating with UI&U** \_\_\_\_\_

OR

\_\_\_\_\_ I, the undersigned, am requesting that the following directory information data elements **NOT BE RELEASED** (write "ALL Directory Information" or specify the individual directory information item(s) of data not to be released) in the box below):

I understand that (1) I have the right not to consent to the release of my education records; (2) I have a right to receive 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 UI&U's Registrar's Office, but that any such revocation shall not affect disclosures previously made by UI&U prior to the receipt of any such written revocation.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

Return this form to the UI&U Registrar's Office or directly to the university legal counsel if communications are with such attorney.