



AUTHORIZATION TO DISCLOSE INFORMATION
(Family Educational Rights and Privacy Act)

The Family Education Rights and Privacy Act of 1974 (FERPA), also know as the "Buckley Amendment", is a federal law which governs access to students' education records. This law grants students guaranteed access to their educational records. Additionally, the Buckley Amendment prohibits the disclosure of "personally identifiable information" to third parties without the *prior written consent of the student*. Exceptions may be made only for University officials and others with legitimate educational interests.

This form is provided as a means for you to give the University permission to discuss your educational records with someone other than yourself (i.e. parent, guardian, spouse, etc.). Your written consent will be kept permanently on file and the University will then be allowed to release information regarding your educational records to those persons who have been designated. If for any reason you subsequently decide to cancel the release, please submit a letter revoking the consent and indicating the person(s) affected.

Name of Student: _____ Student Number: _____

I hereby authorize the University of Michigan-Dearborn to release information regarding my educational records to the person(s) identified below pursuant to the terms and conditions set forth below.

Offices That May Disclose:

(Check one or more. Please see back for more information.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic Advising
Offices | <input type="checkbox"/> Student Success | <input type="checkbox"/> Student Accounts |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Registrar's Office | |

Information May Be Disclosed To:

(Disclosures in person will require picture identification, disclosures in writing will be sent to the address listed. Telephone requests will not be accepted.)

Name: _____ Signature _____

Address: _____

Name: _____ Signature _____

Address: _____

Name: _____ Signature _____

Address: _____

Name: _____ Signature _____

Address: _____

The person(s) indicated may request or receive the following information from the offices:

Academic Advising Offices

Academic Progress Towards Degree
Academic Status/Probation Status

Student Success

Recommendations for Academic Success

Student Accounts

Billing
Payment
"Refund" status

Financial Aid

Application, Follow-Up-Request or Award status
Award amount(s)
"Refund" status
Satisfactory Academic Progress status (Financial Aid specific)

Registrar's Office

Certification of Enrollment
Current Enrollment (Schedule/Bill)
Grades
Transcripts

The information disclosed is governed by the provisions of the Family Educational Rights and Privacy Act. 20 U.S.C. § 1232g. Therefore, the disclosed information may be used only for the purposes identified by the student and may not be re-disclosed to others without the specific written authorization of the student.

I understand that (1) I have the right not to consent to the release of my educational records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until I graduate or until revoked by me, in writing and delivered to the University of Michigan-Dearborn, but that any such revocation shall not affect disclosure previously made by the University prior to the receipt of any such writing revocation.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____
(if student is under 18)

Students submitting this form in person must present picture identification that includes a signature
If submitting by mail, a photocopy of picture identification that includes a signature must accompany the form.

OFFICE USE ONLY:

DATE SUBMITTED _____ ID VERIFIED _____ R&R STAFF INITIALS _____