



Student Consent to Disclose Education Records Office of Student Rights and Responsibilities

(To be completed by the student)

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records created or maintained by a school that receives Federal funds. Students who attend The University of North Carolina at Greensboro (UNCG) retain the right of privacy in their education records. UNCG may provide access to a student's education records to a third party if the student provides written consent using this form or as provided in FERPA and UNCG policy available on-line at <http://studentconduct.uncg.edu/policy/ferpa.pdf>. A "qualified parent" may receive access upon student written consent or with a copy of the parent's most recent IRS 1040 in which the student is claimed as a dependent.

Please circle: I **am / was** a student at UNCG.

I hereby give my voluntary consent for UNCG officials to disclose the following education records:

Please check ONE:

- All Conduct Records
- Specific Conduct Record _____
- All Academic Integrity
- Specific Academic Integrity _____
- All Records in the Office of Student Rights and Responsibilities

The disclosure of the records listed above may be made to _____.
Full name(s) of individuals(s) and relationship to student

I intend for this consent to be effective until _____ (date). I understand I may revoke this consent in writing at any time.
Month/Day/Year

Student Name During Enrollment: _____ Student ID#: _____

Student Signature: _____ Today's Date: _____

NOTARIZATION REQUIRED

(If the student does not appear in-person to the Office of Student Rights and Responsibilities)

State of _____, County of _____

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this day and acknowledged the due execution of this instrument and, being duly sworn by me, made oath that the statements in the foregoing instrument are true. Witness my hand and official seal, this _____ day of _____, 20 ____.

OFFICIAL SEAL

Signature of Notary Public

My Commission Expires: _____

UNCG VERIFICATION OF STUDENT IDENTIFICATION REQUIRED

(If the student personally appears)

The above-named student personally appeared before me and I verified the student's picture identification.

Employee Name: _____

Employee Signature: _____ Date: _____