

In order to obtain verbal or written records that contain personally identifiable information about a student who is or was enrolled in an educational institution, the [Family Educational Rights and Privacy Act \(FERPA\)](#) requires that the party receiving the information agree not to disclose that information to any other party without the prior consent of the personally identified students. See **ACRONYM KEY** on next page/reverse for definitions.

STUDENT CONSENTING TO RELEASE INFORMATION:

Name: _____ SID: _____

Email: _____ Phone: _____

Dates of Attendance: _____ Pronouns: _____

(Please note if you use different pronouns with a person listed below): _____

INFORMATION BEING RELEASED TO:

Name: _____ Name: _____

Relationship to Student: _____ Relationship to Student: _____

Email: _____ Email: _____

Phone/Fax: _____ Phone/Fax: _____

Address: _____ Address: _____

I AM REQUESTING THE FOLLOWING: (select the appropriate options with a checkmark)

_____ **Share information** with the above-mentioned person(s) related to my educational records

_____ Inclusion of the above-mentioned person as my **Advisor or Support Person** with OSSJA: (Circle or highlight all that apply) email communications / phone calls / meetings / other _____

_____ **Other:** _____

STATEMENT OF UNDERSTANDING FOR RELEASE OF RECORDS:

You may have requested records that cannot be redacted to completely protect another person's identity. In order to obtain the information requested, you must complete the following agreement. Please **initial** by each statement:

_____ The information provided to me by the Office of Student Support and Judicial Affairs (OSSJA) at the University of California, Davis is protected by the Family Educational Rights and Privacy Act (FERPA).

_____ My student records are protected under FERPA. I understand that I may waive that protection and give access to individuals of my choice. This release allows me to access information from my student record maintained by OSSJA. I understand that this authorization is confidential and will remain in effect for **one year** from the date of my signature. I understand that I may terminate this authorization at any time by submitting a written request to OSSJA. Any termination will take effect following its receipt by OSSJA.

_____ If I disclose personally identifiable information contained in these materials, I assume whatever risk may result from the disclosure.

Student Signature: _____ **Date:** _____

ACRONYM AND DEFINITION KEY:

OSSJA: [Office of Student Support and Judicial Affairs](#)

FERPA: [Family Educational Rights and Privacy Act](#)

Student: any individual who is or has been in attendance at an institution, and regarding whom the institution maintains education records.

Records: Any information maintained in any way, including, but not limited to: handwritten, video or audio tape, computer/digital media, film, and print.

Educational Records: Records directly related to a student and maintained by an educational agency or institution or by a party acting for the agency or institution. Only your records housed within OSSJA can be released.

Disciplinary Record: Records that are related to a student and the disciplinary action that ensued from a policy violation. This does not include academic probation/disqualification records or administrative records.