Family Rights and Privacy Act of 1974 (FERPA) Release

Student’s Full Name: ____________________________________________

Student’s ID Number: ____________________________ Student’s Phone Number: ______________________

The student must sign this form in the presence of the UIW employee where the form is submitted.

FERPA provides for the confidentiality of student education records. The University of the Incarnate Word may neither disclose certain educational information concerning students nor permit inspection of their education records without the permission of the student unless such actions are covered by certain exceptions as stipulated in FERPA. I hereby grant permission to the officials of the University of the Incarnate Word to provide copies of written records, permit inspection and review of the contents of my education records, and/or to discuss my academic performance with the following person(s):

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<th>Name</th>
<th>Relationship</th>
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This request is made in compliance with the FERPA (20 U.S.C.A. Sec. 1232G).

Please initial all that apply:

- [ ] All academic records, graduation, and registration records in the Registrar’s Office
- [ ] All disciplinary records in the Campus Life Offices
- [ ] All financial aid information in the Financial Aid Office
- [ ] All financial records in the Student Accounts Office
- [ ] All business records in the Business Office
- [ ] All residence life records and information
- [ ] Other _____________________________

Access to this information does not grant others permission to alter the student’s record or conduct business on behalf of the student. Changes to the student enrollment or academic record must be made by the student.

This Release remains in effect until you provide written revocation of your consent.

Student’s Signature ____________________________ Date ________________

Office/Employee receiving ____________________________ Office ________________ Date ________________

Registrar’s Office: Employee processing ____________________________ Date ________________ Date placed in Banner ____________________________

Forward form to the Registrar’s Office which will update SPACMNT indicating affected office(s). Original will be stored in the student’s educational record. Copies will be sent to affected office(s).