

Form for Disclosure of Student Records

To:

 [Name of University of Vermont Department/Unit Holding Records]

From:

Student's First Name Middle Initial Last Name NetID

Permanent Street Address City State Zip Code

The Family Educational Rights and Privacy Act of 1974 (FERPA) establishes the privacy rights of students with regard to educational records which are not classified as directory information. The Act requires, in most instances, prior consent from the student for disclosure of such records to third parties. See UVM's FERPA Rights Disclosure Policy, <https://www.uvm.edu/policies/student/ferpa.pdf>

I hereby authorize UVM to disclose the following records or information:

Individual to Receive Records:

[Name] _____

[Address] _____

Purpose of Disclosure:

Description of Records/Information to be Disclosed:

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Custodian of Records.

This authorization will remain valid for the current academic year, unless I sooner revoke it in writing. A copy of this authorization will serve as a valid consent.

Student Signature: _____ Date: _____