



CONSENT TO RELEASE CONFIDENTIAL INFORMATION

In accordance with Fayetteville State University's (FSU) Student Education Records Policy, a student may grant FSU the right to release confidential and specific information contained in or about educational records (such as grades, disciplinary actions, etc.) to third parties such as parent(s), guardians(s) and/or spouse by completing the attached Consent to Release Confidential Information form.

Disclosure of Educational Records

Fayetteville State University may, at FSU's discretion, disclose information from a student's education records to third parties with the written consent of the student. However, in certain circumstances described in FSU's disclosure policy, FSU may disclose records to third parties without the students consent. Students may view FSU's disclosure policy online at [http://www.uncfsu.edu/documents/policy/students/Student Education Records-FERPA.pdf](http://www.uncfsu.edu/documents/policy/students/Student_Education_Records-FERPA.pdf)

Directory Information

Fayetteville State University recognizes the following as directory information: a student's name, local and permanent address, photograph, email address, telephone number, enrollment status, date and place of birth, major field of study, dates of attendance, honors, degrees and awards (including scholarships) received, participation in officially recognized activities, organizations and sports, weight and height of members of athletic teams, and the most recent previous educational agency or institution attended.

FSU may disclose any of those items without prior written consent until the student, during his or her enrollment, notifies FSU in writing to the contrary.

Directory information shall not include a student's social security number or student identification number.

For further information about this policy, please contact the Office of the Registrar, 3rd Floor Lilly Building at (910) 672-1185.



CONSENT TO RELEASE CONFIDENTIAL INFORMATION

SECTION A. Education Records to be released (check all that apply)

Name of Student (Last, First, MI)	Student ID:	Date
-----------------------------------	-------------	------

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student education records. FSU may provide access to a student’s education records to a third party only as provided in FERPA and FSU policy or if the student provides written consent using this form. FSU’s policy is available on-line at

http://www.uncfsu.edu/documents/policy/students/Student_Education_Records-FERPA.pdf

A parent may also receive access with a copy of the parent’s most recent IRS 1040 if the parent claimed the student as a dependent, with a student’s written consent, or as otherwise provided by FERPA or FSU policy.

<input type="checkbox"/> Academic Information <input type="checkbox"/> Financial Aid Information <input type="checkbox"/> Loan Information [including credit reporting history] <input type="checkbox"/> Disciplinary and Student Affairs Records <input type="checkbox"/> Student Account Information <input type="checkbox"/> Medical or Psychological Records <input type="checkbox"/> All records listed above <input type="checkbox"/> Other (please specify): _____
--

SECTION B. Person to whom access to education records may be provided

<input type="checkbox"/> My parent(s) (specify name(s)) _____ <input type="checkbox"/> My guardian (specify name) _____ <input type="checkbox"/> My spouse (specify name) _____ <input type="checkbox"/> Other (specify name) _____
--

SECTION C. Purpose of the release

<input type="checkbox"/> Family Communication <input type="checkbox"/> Employment <input type="checkbox"/> Admission to an educational institution <input type="checkbox"/> Other (please specify) _____

SECTION D. Verification of Identity and Acknowledgement

I understand that in order to ensure my privacy is maintained, FSU will be verifying the identity of the person to whom access to education records may be provided.

I also understand that 1) I have privacy rights as outlined in FERPA and FSU policy and 2) this consent form will be effective until I submit a written revocation to the registrar.

Signature	Date
-----------	------