Student Name: Student ID:

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student educational records. Schools may disclose, without consent, “directory information” such as a student’s name, date of birth, major, honors and awards, and dates of attendance. If students do not wish for directory information to be released, they must submit a request to opt-out at the Registrar’s Office.

Schools must have written permission from the student in order to release non-directory information (such as academic and financial information) from a student’s record. However, FERPA allows schools to disclose records without consent to certain parties under certain conditions. More information about FERPA is available at: <https://studentprivacy.ed.gov/>

**By signing this document, I am giving or revoking consent that officials of the University of Tennessee Southern may disclose the content of my academic record (including courses, grades, and degree progress), financial record (including student account information and financial aid), and/or student conduct record with the following parties. I understand that I may revoke consent at any time by submitting a revised form.** Additional individuals can be identified by submitting additional forms.

|  |  |  |
| --- | --- | --- |
|  | Individual to whom I am granting or revoking access to my records: | Additional individual (if applicable) to whom I am granting or revoking access to my records: |
| Name |  |  |
| Relationship to Student |  |  |
| Verification Password\* |  |  |
| Academic Records | □ Grant Consent | □ Revoke Consent | □ Grant Consent | □ Revoke Consent |
| Financial Aid | □ Grant Consent | □ Revoke Consent | □ Grant Consent | □ Revoke Consent |
| Billing | □ Grant Consent | □ Revoke Consent | □ Grant Consent | □ Revoke Consent |
| Student Conduct | □ Grant Consent | □ Revoke Consent | □ Grant Consent | □ Revoke Consent |

\*Note: UT Southern cannot verify the identity of individuals (including the student) via phone or email unless the individuals provide this password to us. Only provide this password to the individual to whom you are granting access. If you forget the password, you will have to come in person to retrieve it. ***Make sure you choose a password that you can say out loud and that you can remember.***

Please also choose a password for yourself: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: Date:

For staff use only. Staff signature indicates that you have validated the student’s identity.

Verified by: Entered into CAMS by: