In accordance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential by the University of Louisiana Monroe (herein “ULM” or the "University") and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student's prior written consent. A student may grant permission to authorized personnel of the University to release some or all of that student's education records by completing this authorization and consent form. The student will be given a copy of the completed form. This form must be filed by the student with each office which is being requested to share information with a third party. Additional pages may be attached to include additional information to the applicable section. Return the form to the department that has the information you would like the University to release.

I, CWID: hereby voluntarily consent and authorize University of Louisiana Monroe official(s) in the Office of Student Advocacy and Accountability or designated department(s) to disclose personally identifiable information from my education records.

Specifically, I authorize disclosure of the following information or category of information (Check the box(es) that apply.)

|  |  |
| --- | --- |
| [ ] All Educational Records Listed in this Form | [ ] Student Account and Billing Records |
| [ ] Academic Records (includes transcript, grades reports) | [ ] Counseling Records |
| [ ] Student Affairs Records (includes housing, conduct/disciplinary, police reports) | [ ] Office of Student Advocacy and Accountability may release my disciplinary records to my support person. |
| [ ] Financial Aid Records includes grants, loans, scholarships) | [ ] Office of Student Advocacy and Accountability may release my disciplinary records to the ULM Self Development, Counseling, and Special Accommodations Center |

The person(s) authorized to receive these records is (are):

Name:  Address:  Phone:  Email: 

 For the purpose of informing family members/support person

 Counseling Referral

 Employer/Prospective Employer(s)

 Background Check

 Educational Institutions

 Other:

**DURATION OF AUTHORIZATION/CONSENT**

Choose One:

**Option One: Limited Consent**

Sign below:

 I acknowledge that this consent and authorization is valid fromto.

**Option Two: Indefinite Consent**

Sign below:

I acknowledge that this consent and authorization shall remain in effect indefinitely in the Office of Student Advocacy and Accountability until written revocation from me is received in the Office of Student Advocacy and Accountability, and that such revocation shall not affect disclosures previously made prior to the receipt of my written revocation.

Student’s Signature: Date:

**REVOCATION OF CONSENT AND AUTHORIZATION**

I, the abovenamed student or former student, hereby revoke my consent and authorization to release my educational records.

Student’s Signature:  Date: 

**For Official Use Only**

Form Received by:  Date:  Records Disclosed by:  Date: Revocation Received by:  Date: