

UNIVERSITY OF ILLINOIS AT CHICAGO
Office of the Dean of Students

Consent to Release Educational Records

FERPA: PURPOSE OF THIS FORM

Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, the University cannot disclose personally identifiable information contained in the student's education records without the student's written consent, except to the extent that FERPA authorizes disclosure without consent. The complete UIC Student Records Policy is available at the following link:
http://www.uic.edu/depts/oar/campus_policies/records_policy.html

Directions

Students may grant a third party permission to access their educational records by completing this form and returning it in person to the Office of the Dean of Students in 3030 SSB, or sending it directly to their contact in the Office of the Dean of Students **from their UIC email address only**. Emails sent from other addresses cannot be accepted. Call (312) 996-4857 with any questions or concerns.

SECTION A: RELEASE INFORMATION

I, _____, authorize the release of educational records maintained by the Office of the Dean of Students at the University of Illinois at Chicago as indicated below. I authorize the release of the below specified information to the following individual for the purpose of discussion with him or her. *Please note: Consent will remain in effect until if / when you choose to revoke consent by completing Section C on this form.*

Name of Individual Receiving Records

Relation to Student

Email Address

Daytime Phone Number

Current Mailing Address

Describe information to be disclosed (*ex: Information about my conduct case; Information on hospitalization, etc*):

SECTION B: CONSENT

In giving this authorization, I knowingly and willingly waive all privacy and confidentiality rights to which I am entitled under Federal, State or Local law or under University rules, regulations, statutes or policies. I further agree to hold the Board of Trustees of the University of Illinois, its officers, employees, representatives, agents and assigns free and harmless from any and all lawsuits or causes of action which may arise as a result of this authorization. I further understand that I may revoke this consent at any time upon written notice to the office/unit/department indicated above.

Student Name (Last, First, MI)

UIN

Email Address

Phone Number

Student Signature

Date

*Please note that this consent only permits the disclosure of records maintained in the Office of the Dean of Students. As such, records maintained in other offices will not be disclosed as a result of this authorization.

SECTION C: REVOCATION OF CONSENT (Optional)

I hereby revoke the consent granted above:

Student Signature

Date