

CONSENT TO DISCLOSE STUDENT INFORMATION

Student Full Name:
Student ID:
Telephone:

I understand that under the Family Educational Rights and Privacy Act (FERPA), no disclosure of my records can be made without my written consent unless otherwise provided for in section 99.31 of the FERPA Regulations. This release represents my written consent to disclose information from my educational records maintained by the Dean of Students Office to the specific individual(s) identified below.

Note: If a student decides to cancel this release, he/she must submit a letter withdrawing the consent indicating the person(s) affected and send via e-mail to deanofstudents@nsu.edu. Only requests sent from the student's University issued email account will be processed.

I, _____, authorize release of my college disciplinary records to the person(s) named below:

NAME	RELATIONSHIP	PHONE

Student Signature

Date

Staff Signature

Date

NOTE: When submitting electronically, type your full name as acknowledgement of consent.

FOR OFFICE USE ONLY	
Date Received _____	Received by _____