

## Consent to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits Dixie State University from releasing certain personally identifiable information from a student's record to a third party (e.g. parent, spouse, etc.) without the student's explicit written consent. This form serves as written consent when properly completed.

Additionally, to protect the student's information from unauthorized individuals, Dixie State University requires the student to provide a unique *pass phrase* that will allow the designated third party to access information and services over the telephone or e-mail. The *pass phrase* should be something that is easily remembered, but something that is confidentially shared between the student and the third party. This *identifier* will remain valid unless authorization is revoked or if a new request is received.

**Instructions:** Complete this form. **DO NOT SIGN** this form until you are in the presence of an appropriate DSU staff member or Notary Public. Appropriate DSU staff members are in the following offices: Registrar, Financial Aid, Advisement, TRiO, or Dean of Students.

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Student Name) (Student 'Dixie ID') (pass phrase)

give consent for the Registrar's Office (or designated University offices) to disclose personally identifiable information concerning my education record to the individual(s) listed below. These individuals also become eligible to act in my behalf. Individuals listed below will be able to change my DSU password information, get information about my financial aid, class schedule, balance due, etc.

I understand that the individuals listed below who request information in person are REQUIRED to provide picture ID. If you would like your designees to receive information by e-mail, please list their e-mail address below.

Release information to the following individual(s):

<u>NAME:</u>	<u>RELATIONSHIP:</u>	<u>EMAIL:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify this request was signed freely and voluntarily and will be in effect until revoked in writing.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_ Office: RO FA ADV TRiO DS

If you are NOT completing this form in the presence of an appropriate DSU staff member this form must be notarized. **The original notarized form must be submitted to the Registrar's Office in order to be valid.**

Notary Public: \_\_\_\_\_ State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ County of: \_\_\_\_\_

Seal \_\_\_\_\_ Today's Date: \_\_\_\_\_