

## Family Education Rights & Privacy Act (FERPA) Release Form

**Student Name:** \_\_\_\_\_

Student records are maintained by California State University, Fullerton and are protected under the Family Educational Rights and Privacy Act (FERPA). FERPA grants students the right to provide consent to disclosures of their education records to third parties, such as their parents, guardian, sponsor, etc.

Upon completing the section below, you authorize the office(s) you select to share your records with the third-party(s) you designate. Granting access to one office does not grant access to other offices. Please select the office(s) you would like to authorize your record to be shared with by checking the box in front of the listed department. You must submit a separate form for each recipient of information. Other campus offices not listed here may have their own forms you are required to complete to share information.

- ☐ Dean of Students Office: May release information related to general student and record information, faculty and staff reports, and any requests made to this office.
- ☐ Office of Student Conduct: May release disciplinary records, including any allegations, reports, findings of responsibility for violating policy, and/or outcomes.
- ☐ Disability Support Services: May release information related to medical documentation, educational or psychoeducational assessment, and disability documentation.
- ☐ Student Success Team: May release information related to advising, outreach, and follow up actions on reports from faculty and/or staff.

By completing the information below, you acknowledge that you understand certain University records are protected under the Family Educational Rights and Privacy Act (FERPA). You hereby consent to and authorize the release of your student information from the offices you selected above to the individual listed below.

Name of Individual/organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**CWID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This release will expire one calendar year from the above date.

You have the right to revoke consent to share information at any time. To revoke consent, please email [deanofstudents@fullerton.edu](mailto:deanofstudents@fullerton.edu). Please note revocation of consent is not retroactive.