



Permission to Release Education Record Information

In accordance with the federal *Family Educational Rights and Privacy Act of 1974 (FERPA)*, a student's educational record is, with certain exceptions, held confidential by the University of Louisiana at Lafayette. A student may grant permission for information to be provided to a third party by completing this consent form. You must complete a form for each third party to whom access is granted to your educational record.

I hereby authorize and grant permission to UL Lafayette to provide unofficial copies of, and/or discuss any and all records related to my education at UL Lafayette, that are maintained by the University, including but not limited to the academic and disciplinary records to the person or entity indicated below.

I understand that even if I have placed a FERPA block on my record, I am granting permission for the University to release this information to the person or entity indicated below. Finally, I understand this permission will be in effect for the duration of my studies at UL Lafayette, or until I notify the University Registrar in writing of my desire to rescind this permission.

Instructions for Passcode: Please provide a passcode to authorize the release of your educational record information over the phone. The passcode should not contain more than ten (10) characters (letters or numbers). You must provide the passcode to the individual or agency listed. The University will not release information to the caller if the caller does not provide the passcode. A new form must be completed to change your passcode.

STUDENT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)

ULID

PASSCODE

CURRENT ADDRESS (STREET, CITY, STATE, ZIP)

PHONE

THIRD-PARTY DESIGNEE

INDIVIDUALS NAME OR ORGANIZATION/SCHOOL

EMAIL

CURRENT ADDRESS (STREET, CITY, STATE, ZIP)

PHONE

CONSENT

By my signature, I acknowledge that this consent and authorization to be valid. I understand that this consent remains in effect until written revocation is submitted by me.

STUDENT'S SIGNATURE

DATE

RESCIND OF RELEASE

By my signature, I wish to rescind the previous request above of my education record. As of the date below, I no longer allow consent of my records to the third-party designee indicated on this request.

STUDENT'S SIGNATURE

DATE

OFFICE USE ONLY

Consent Processed By:

Rescind Processed By:

Date

Initial

Date

Initials