



## Permission to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits the office of Diverse Abilities and Accommodations 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.

Complete this form with all applicable information and return to the office of Diverse Abilities and Accommodations.

I, \_\_\_\_\_, \_\_\_\_\_  
(Student Name) (Student A#)

give consent for the office of Diverse Abilities and Accommodations at Vincennes University to disclose personally identifiable information concerning my educational record to the individual(s) listed below. Releasable information includes, but is not limited to, accommodations requested/granted, academic standing, class schedule, serious medical conditions, referrals to university programs and referrals to community resources.

The office of Diverse Abilities and Accommodations may release my information to the following individual(s):

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Email) (Phone)

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Email) (Phone)

I certify that this request was signed voluntarily, and I understand that it will be in effect until officially revoked in writing.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_