## Family Educational Rights and Privacy Act Release of Information Form

<table>
<thead>
<tr>
<th>Student Contact Information</th>
</tr>
</thead>
</table>
| Date: ____________________ | Phone #: ___________________
| Name: ____________________ | M #: ____________________
| E-Mail: __________________ |

## Family Education Rights and Privacy Act

The 1974 Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of a student’s educational record. FERPA applies to all educational institutions receiving funds from the United States Department of Education, from kindergarten through university level. Under FERPA, the Office of Student Conduct & Community Standards may not share the contents of a student’s Student Conduct File with anyone other than the student without written consent to do so. Exceptions to FERPA include a health and/or safety emergency, or an educational need to know.

### Recipient(s) of the Information:

<table>
<thead>
<tr>
<th>Name: Trice Yek</th>
<th>Relationship: Family Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Mail: <a href="mailto:trice.yek@uc.edu">trice.yek@uc.edu</a></td>
<td>Phone #: 513-556-6236</td>
</tr>
</tbody>
</table>

### Information Release Options

- [X] Contents of the Entire Student Conduct File
- [ ] Contents of Individual Cases(s) From Incident(s) Occurring on: __________________________
- [ ] Other: __________________________

Please release the information specified to the recipient(s) listed above in the following manner:

- [ ] Oral Discussion (with or without the student present)
- [ ] Personal Access to the Case File (with or without the student present)
- [ ] In-Person During Meetings with the Office of Student Conduct and Community Standards
- [ ] All of the Above

### Student Responsibilities & Consent for Disclosure

I understand the following:

- [ ] By signing this form, I am giving consent to the Office of Student Conduct & Community Standards to release the information specified above to the individual(s) listed on this form in the manner
specified above.

☐ I may revoke this consent, in writing, at any time except to the extent that action has already been taken upon this release.

☐ I will not be contacted after an inquiry is made or information is released to the individual(s) listed on this form.

By signing below, I am voluntarily giving my consent to the Office of Student Conduct & Community Standards to disclose the information indicated above to the individuals listed above.

________________________________________  __________________________________________
Student Signature                                      Date