

Law Student Consent for Access to Education Records

The Family Educational Rights and Privacy Act (FERPA) is federal law that protects the privacy of student education records. Student educational records are confidential and will only be shared by University officials with other University faculty or staff or with lending agencies that have a legitimate interest to know certain information.

By executing this form, you can designate certain individuals (for example: spouse, parents, guardians, or others) as authorized to receive access to your educational records. This consent form will remain in effect for the duration of your enrollment at the University of the District of Columbia in any of the schools that comprise the Flagship institution, Centers, Institutes, and/or Community College until you elect to revoke consent in writing. Such revocation must be submitted to the Office of the Registrar.

I _____ hereby authorize and consent to the following educational records being released to the party identified below for the purpose of _____.

EDUCATIONAL RECORDS TO BE RELEASED:

- | | |
|---|---|
| <input type="checkbox"/> Academic Progress Report | <input type="checkbox"/> Student accounts billing statements |
| <input type="checkbox"/> Class schedule | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Disciplinary/Student Judicial records* | <input type="checkbox"/> Other (<i>please be specific</i>): _____ |
| <input type="checkbox"/> Financial aid applications* | |
| <input type="checkbox"/> Grades | |

*Consult the Office of General Counsel because redaction may be required.

PARTY AUTHORIZED TO RECEIVE EDUCATIONAL RECORDS

Authorized Party's Printed Full Name: _____

Relation / Interest: _____

Address: _____

Email Address: _____ Telephone No.: _____

STUDENT INFORMATION

Student's Printed Full Name: _____

Address: _____

Major: _____

Dates of Attendance: _____ Degree: _____

Student's Email Address: _____

Student's Signature: _____ Date: _____

cont.

Providing your Social Security Number (SSN) or Student ID Number (SID#) is **NOT** required, but may further assist the University when locating the requested information.

I choose not to provide my SSN/SID#.

I choose to provide my SSN/SID#: _____

Return signed copy to: **UDC David A. Clarke School of Law**
 Office of the Registrar, Suite 212
 4340 Connecticut Avenue, N.W.
 Washington, DC 20008

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FOR OFFICE USE ONLY

Photo ID provided: Yes No

Printed Name of Registrar's Staff: _____

Signature of Registrar's Staff: _____ Date: _____

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