

Third Party Request for Law Student Information

The Family Educational Rights and Privacy Act (FERPA) is federal law that protects the privacy of student education records. FERPA limits the release of such records without the student's consent. The Act further provides that the University may disclose certain information with the student's consent.

(*FIELDS REQUIRED)

Third Party Requester*: _____ Title: _____

Business/Firm/Organization*: _____

Business Address*: _____

Email Address: _____ Telephone No.*: _____

Purpose of Request*: _____

Student's written consent form attached: Yes (Attach Law Student Consent Form) No

STUDENT INFORMATION

Student's Printed Full Name*: _____

Address: _____

Major: _____ Dates of Attendance: _____ Degree: _____

Student's Email Address: _____

Identify the information sought:

DIRECTORY INFORMATION REQUESTED:

- | | |
|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Dates of attendance |
| <input type="checkbox"/> Addresses | <input type="checkbox"/> Degrees, honors, and awards received |
| <input type="checkbox"/> Telephone numbers | <input type="checkbox"/> Previous institution attended |
| <input type="checkbox"/> E-mail addresses | <input type="checkbox"/> Participation in officially recognized activities |
| <input type="checkbox"/> Date of birth | <input type="checkbox"/> Participation in athletics |
| <input type="checkbox"/> Major field(s) of study | <input type="checkbox"/> Height and weight of athletes |
| <input type="checkbox"/> Enrollment status | <input type="checkbox"/> Photograph |

RECORDS REQUESTED:

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

Third Party Requester Signature: _____ Date: _____

cont.

Practice Law. Promote Justice. Change Lives.

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

Opt-out confirmed: Yes No

Printed Name of Registrar's Staff: _____

Signature of Registrar's Staff: _____ Date: _____

Rev. 09/13 (Law) / 9/09 (OGC)

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