

## **FERPA CERTIFICATION AND RELEASE**

The Family Educational Rights and Privacy Act (FERPA) requires the Office of Residential Life to release detailed information to only the student. The student may; however, voluntarily waive their privacy rights to the person(s) they chose to authorize in the statement below. By completing this form the named person(s) will have the ability to obtain information regarding the student's file.

**When you call our office, we are unable to release information without proper identifiers. Please know your student's name, birth date, and Student ID number.**

I hereby waive my rights under the Family Education Rights and Privacy Act (FERPA) by authorizing the University of Hartford, Office of Residential Life to share any requested information concerning my records and other "non-directory" information to:\*

<b>Full Name</b>			<b>Relationship to Student</b>
<i>Last</i>	<i>First</i>	<i>MI</i>	

I acknowledge that this release is valid for (please check one), (and includes disciplinary records)

My entire student record       My records for this academic year only

I understand that I can revoke this release at any time by notifying the Office of Residential Life in writing.

*Last*                      *First*                      *MI*

Student Printed Name: \_\_\_\_\_

Student ID Number:        -        - \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

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