

Authorization to Release/Obtain Student Information (FERPA Release)

*** Please review Sewanee's FERPA [policy](#) prior to filling out this form.

Please print

Name: _____ DOB: _____

Email: _____ Banner ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose of Request:

- Personal Work Related
- Student Organization Legal
- Reviewing file in preparation for application to graduate school or another institution
- Other: *(be specific)* _____

Types of Records Authorized: *(Check all that apply)*

- Conduct Title IX Accommodations
- CARE Religious Exemptions Threat Assessments
- Other: *(be specific)* _____

Specific Information Authorized: *(Please give as much detail as possible for requested information)*

Timeframe for authorization:

- One time authorization Until I am no longer a student of Sewanee
- For the _____ Academic Year Until I submit, in writing, otherwise
- Other: *(be specific)* _____

Recipient authorized to receive FERPA information:

Full Name: _____

Address: _____

Fax: _____ Email: _____

I understand that:

- ❖ I may cancel this authorization at any time by submitting a written request to the Dean of Students' Office, except where a disclosure has already been made due to my prior authorization.
- ❖ The information released will be limited to information necessary to fulfill the need or purpose for the disclosure.
- ❖ I freely give this consent and I do hereby release and hold harmless the University from any and all liability or damage, which may result from the disclosure of information herein authorized.
- ❖ For the protection of other students, any identifiable information will be redacted.

Signature of Student: _____ Date: _____

Office use only

Signature: _____ Date: _____