



UNIVERSITY of
NEW ORLEANS

OFFICE OF THE REGISTRAR

FERPA RELEASE FORM

The **Family Educational Rights and Privacy Act (FERPA)** (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Information collected and disclosed about a student:

The University of New Orleans does not disclose personal or account information to any individual acting on behalf of the student, unless the student is present at the time of disclosure. The University of New Orleans will only provide information to individuals with the consent of the Release Form filed on record.

Protection of a student's information:

The access and release of a student's non-directory information such as educational records (or any personally identifiable information) without a student's prior consent is prohibited under federal law. Schools must have written permission from the student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Directory Information: That part of an educational record of a student that would not generally be considered harmful or an invasion of privacy if disclosed and may be disclosed without the prior consent of the student. The University of New Orleans reserves the right to approve, deny, or partially honor requests for student information from third party entities. At the University of New Orleans, this information includes:

1. Full legal name
2. University issued email address
3. University of New Orleans college in which student is enrolled
4. Major
5. Academic level

Privateer Enrollment Center | 2000 Lakeshore Drive | New Orleans, Louisiana 70148
phone 504.280.6216 | fax 504.280.3973 | <http://www.uno.edu>

A Member of the University of Louisiana System Committed to Equal Opportunity



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*****IMPORTANT: Students must submit this form in-person and present their University of New Orleans or government issued identification card. If an accommodation is needed, contact the Office of the Registrar at 504.280.3246 or email registrar@uno.edu . *****

Student Release of Information:

I understand the information may be released orally and printed copies of records may not be provided, and that the decision to do so is in the purview of the Office of the Registrar. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the University Official permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

I understand that my records will be released only during in-person sessions with the person(s) I have authorized below. I understand my information will not be discussed over the telephone or through e-mail correspondence. The person(s) below must present government issued identification at the time of the counseling session.

The only type of information that is to be released under this consent is:

- Disciplinary records**
- Financial Aid**
- Recommendations for employment or admission to other schools**
- Transcript**
- Other (specify) _____**

The information is to be released for the following purpose:

- Family communications about university experience**
- Employment**
- Admission to an educational institution**
- Other (specify) _____**

The student must show their university or government issued identification card when submitting this form.

1. Release provided to: _____
Relationship: _____
Signature: _____

2. Release provided to: _____
Relationship: _____
Signature: _____

_____ **I Do Not AUTHORIZE** The University of New Orleans to release any information included within my records to anyone other than myself.

Student's Signature

Student's Printed Name

Student ID #

Date