

RELEASE OF INFORMATION  
OFFICE OF STUDENT JUDICIAL AFFAIRS

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The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records, including (but not limited to) student judicial records. Students are encouraged to learn more about the rights accorded to students via FERPA by reading the full text of the regulations online at: <http://www.ed.gov/policy/gen/guid/fpco/pdf/ferparegs.pdf>

By signing this form, you agree that staff in the Office of Student Judicial Affairs may provide information from your education records as indicated in the dashed box below.

I, the undersigned, authorize the Office of Student Judicial Affairs at Old Dominion University to release the following education records and any information contained therein (please specify):

All records and information contained in my student judicial file; or

The below-listed record(s) only:

\_\_\_\_\_

These records may be disclosed to (name and address of person/agency authorized to receive records/information):

Person(s)/Agency: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Person(s)/Agency Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person(s)/Agency Phone: \_\_\_\_\_

For the purpose of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand and acknowledge that: (1) I have the right not to consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to the Office of Student Judicial Affairs, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
UIN

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Please return completed form to the Office of Student Judicial Affairs at the address noted on the top of this form.*