College of Education and Allied Professions

***Consent to Release Confidential Information***

Western Carolina University – Cullowhee, NC 28723 – Phone (828) 227-7027 – FAX (828) 227-7090

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| --- | --- | --- | --- |
| Student: | | | 92: |
|  | Last Name | First Name |  |
| Signature: | | | Date: |

*In accordance with the Family Educational and Privacy Act (FERPA) of 1974, U.S.C. 1232, University policy prohibits the release, to third parties, of information contained in a student’s educational records, without the express written consent of the student. The above listed individual requests that a university administrator discuss/review his/her file as indicated below. In signing this document, the individual releases Western Carolina University, including the College of Education and Allied Professions (CEAP) and its employees, other university departments and their employees, of any responsibility for misappropriation of the information released*

**Please list person(s) to whom your educational records including, but not limited to, academic records, field placement-related information, and action plan documentation, may be disclosed and/or reviewed; the extent to which a CEAP Faculty or Administrator may discuss the contents of your educational records (default is “Full”); and the CEAP Administrator, faculty, or staff member (only authorized University personnel have access to student educational records) who may speak to the person named below (default is “Any”).**

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| **Name of Person Information is to be Disclosed** | **Relationship to You** | **Disclosure - Full or Partial**  **(Please Specify)** | **CEAP Representative- Any or Specific**  **(Please Specify)** |
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**This form must be completed in view of a faculty/staff member of the College of Education and Allied Professions or another university administrator/faculty member and that person must sign as a witness below.**

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| Witness: | | | 92#: |
|  | Last Name | First Name |  |
| Signature: | | | Date: |