

RELEASE OF INFORMATION FORM

OFFICE OF THE DEAN OF STUDENTS

The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the privacy of student education records at Fairfield University. Fairfield University may not disclose information in a student's education records to anyone without the permission of the student, unless disclosure is permitted by an exception set forth in FERPA, 20 U.S.C.A., Sec. 1232 et seq. By completing and signing this form, you the student are granting permission to Fairfield University officials to disclose and/or discuss the contents of your education record maintained by the Office of the Dean of Students.

My student record may be disclosed and/or discussed with the following individual(s) and/or organization(s):

Name	/Relationship/Organizatio	/ on	Mailing address
Name	/ Relationship/Organization	/ on	Mailing address
The records which may be disclosed and/or discus	sed are:		
The purpose for the disclosure and/or discussion is	s:		
This release will remain in effect as follows (ple	ease initial one of the following	options):	
Option 1 – This release is a one-time rel	ease only		
Option 2 – This release will remain in ef	fect from (mo/day/y	ear) to	(mo/day/year)
Option 3 – This release will remain in ef revoke such consent in writing		the date of my	signature below, unless I
By signing below, I acknowledge that I understand anyone. I am freely giving my consent to release t			tained in my records with
Signature	Print your name	Date	Student ID #
Email	Phone Number	-	
Please return the signed form in person to the Offic	•		
the Office of the Dean of Students will require suffi	cient proof of identification (e.g., d	river's license) b	pefore releasing information.