



Family Educational Rights and Privacy Act (FERPA) STUDENT CONDUCT WAIVER FORM

Office of the Dean of Students, Division of Student Affairs

Student Name: _____

Permanent Address: _____

RU ID#: _____ **Date of Birth** _____

E-Mail: _____ **Date(s) of Attendance** _____

I, the above listed student or past student, request that access to my FERPA protected information and/or records within the _____
(office/department/division/university)

maintained under my name be released to: _____
(full name of person/agency to be given access)

Recipient Address: _____

Recipient Email Address: _____

I understand that all FERPA protected records are maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. As a result of signing this waiver, I realize that the above named person/agency shall receive verbal disclosure and/or written access to my records and/or information as requested.

Student Signature

Date

Printed Name (student)

Is there a conduct record on file for this student Yes No

If yes, description of conduct record:

DOS Staff Signature: _____ **DOS Staff Printed Name:** _____ **Date:** _____

If you have any questions about reviewing your records, please contact the Dean of Students Office, Division of Student Affairs at (312) 341-2024.