

STUDENT CONSENT FOR RELEASE OF STUDENT CONDUCT RECORDS

Name of Student (Last, First, Middle Initial)	Date of Birth	Local Phone or E-Mail

“The Family Educational Rights and Privacy Act of 1974,” as amended (“FERPA”) affords students certain rights with regard to their respective education records. In essence, these rights are (1) the right to inspect and review education records, (2) the opportunity to challenge the contents of education records, and (3) the right to exercise some control over the disclosure of information from education records.

This form allows release of student conduct records, which are considered educational records, within forty-five (45) days of receipt. Please note that while this form authorizes the Office of Student Conduct, Rights and Advocacy to release student conduct records to specified third parties, it does not obligate the Office of Student Conduct, Rights and Advocacy to do so. The Office of Student Conduct, Rights and Advocacy reserves the right to review and respond to requests of disciplinary records on a case-by-case basis. Additionally, please note that this release does not override (nor amend) any parent access given through the NKU Registrar's Office, or any exception provided for by federal law.

For additional information, please visit <http://scra.nku.edu/ferpa.html>

Student Conduct Records to be Released (check one)	
<input type="checkbox"/> All Student Conduct Records <i>(must be selected to release records for employment/admission purposes)</i>	
<input type="checkbox"/> Specific Student Conduct Record(s) <i>(please specify case number):</i> _____	
Individual(s)/Institution(s)/Agency(ies) to Whom Student Conduct Records May be Provided (including self)	
Name(s) <i>(use additional pages if necessary)</i>	
Address(es)	
Phone Number(s)/Fax Number(s)/E-Mail <i>(list any that are applicable)</i>	Relationship to Student
Duration of Release (check one)	
<input type="checkbox"/> One-Time Use: This authorization can be used only once.	
<input type="checkbox"/> Limited Use: This authorization expires on _____	
Purpose of Release (check one)	
<input type="checkbox"/> Family Communications	<input type="checkbox"/> Advisor Communications
<input type="checkbox"/> Employment	<input type="checkbox"/> Admission to an Educational Institution
<input type="checkbox"/> Other <i>(please specify):</i> _____	
<p>I understand that (1) I have the right not to Consent to the release of my student conduct records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this Consent at any time by delivering a written revocation to the Office of Student Conduct, Rights and Advocacy.</p>	
Student Signature	Date
SCRA Witness Signature	Date

Note: The form must be fully completed and signed by the student. Records cannot be released if any section is not completed in its entirety. Forms should be completed inside the Office of Student Conduct, Rights and Advocacy (NKU Student Union 301). Pre-signed forms will not be validated. Revised August 2016