



Student Consent for Release of Non-Directory Information

SOUTHERN OREGON UNIVERSITY – ENROLLMENT SERVICES CENTER – 1250 SISKIYOU BLVD., ASHLAND, OR 97520
PHONE (541)552- 6600 – FAX (541)552-6614 – ESC@SOU.EDU – WWW.SOU.EDU/ENROLLMENT

SOU, in compliance with the Family Educational Rights and Privacy Act (FERPA), requires written consent of the student authorizing the disclosure of non-directory information from their record.

Please complete the following form and submit it to the Enrollment Services Center.

1. STUDENT INFORMATION:

Name _____ Student ID # _____ Phone _____

2. TYPE OF RELEASE (check one):

- Release of student records until revoked by me in writing and delivered to SOU.
 - One-time only release of student records.
- (Note: If you signed a confidentiality request, you must submit a one-time only release for each release of information).
- I wish to revoke the current consent for release I have on record (skip sections 3-6 and sign section 7).

3. STUDENT RECORDS/INFORMATION TO BE RELEASED (check all that apply):

- Enrollment/Admissions/Academic Records ☐ such as grades, applications/admissions decisions, and/or registration.
- Billing/Student Account Information ☐ such as billing statements, charges, payments, and/or account balances.
- Financial Aid Information ☐ such as aid awards, disbursements, eligibility, and/or status.
- University Housing Information ☐ such as contracts, assignments, and/or conduct.
- Participation/Performance in Special Programs ☐ such as Athletics, Disability Resources, and/or Success at Southern.
- Academic Advising ☐ such as advising comments, advising record of plan, and/or progress towards graduation.
- Conduct ☐ such as academic and general conduct, disciplinary actions/proceedings, and/or sanctions/status.
- Office of Student Affairs ☐ such as student support, academic, personal, social, and student development/conduct.
- All of the Above

4. RELEASE RECORDS TO (specify person(s) and relationship (s), or institutions(s)):

5. REASON FOR RELEASE OF RECORDS:

6. REQUIRED FERPA PASSWORD:

Information will be disclosed to the person(s) or institution(s) indicated above, only after they initiate a request and provide the FERPA password set up by the student. Please indicate a word or code you wish to use below:

7. STUDENT SIGNATURE:

I understand that: The information specified on this form is being released to a third party at my request, with the understanding that this party will not release it to any other parties. Providing this release DOES NOT grant a third party the ability to conduct institutional business on my behalf and only permits for the release of records and/or information. Institutional officials have the prerogative to permit or disallow the presence/participation of a third party in the conducting of institutional business/conversations - my presence and engagement will be required for all such business/conversations. This authorization will remain in effect until I formally revoke it in writing. Southern Oregon University is released from all legal responsibility or liability for the release of the above-referenced information.

Signature _____ Date _____