

## FERPA Certification and Release Statement

FERPA, or Family Educational Rights and Privacy Act, was enacted to protect the privacy of student records. Under FERPA, except for “directory information” about a student, a student’s records may be released without his or her prior written consent only to other school officials, including teachers, who have “legitimate educational interests,” or if other exceptions to FERPA apply. For example, the College may choose to notify parents or guardians if the College is aware of a health or safety concern that poses a significant danger to the student or to others; the College may also notify parents of a change in a student’s status. Additional information on FERPA is contained in the Student Manual (see [http://studentmanual.uchicago.edu/release\\_records](http://studentmanual.uchicago.edu/release_records)).

Students who wish to waive their right to maintain the privacy of their personal information must submit this completed FERPA Release form identifying each parent, guardian, or other person authorized to receive this information. It should be noted that this form gives permission for the College to communicate with the parent or guardian. It does not, however, compel such communication and the College will ultimately determine what, and when, it will communicate under this permission.

If a student wishes to block the release of information contained in the student’s educational record the student should complete the FERPA Block form available from the Office of the Dean of Students.

This form remains in force unless/until the student authorizes a change. Students must notify the University if they no longer want their information to be available to parents or guardians.

### Authorization to Release Student Information

I, \_\_\_\_\_, \_\_\_\_\_  
Print student name student ID number

give permission to the University of Chicago to release my educational record information to:

\_\_\_\_\_  
Print parent/guardian name

Address \_\_\_\_\_  
Print street address Print city, state, zip

Phone Number: \_\_\_\_\_

I understand that I may revoke this consent at any time by written note to the Office of the Dean of Students.

\_\_\_\_\_  
Student’s signature Date

Please return to: Office of the Dean of Students in the College, 1116 E. 59<sup>th</sup> Street, Chicago, IL 60637

