



**INCIDENT RECORD INFORMATION
AUTHORIZATION TO DISCLOSE INFORMATION**

(Family Educational Rights and Privacy Act)

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, provides for the confidentiality of student educational records. Institutions may not disclose information (other than Directory Information) about students nor permit inspection of their records without their permission unless such action is covered by certain exceptions as stipulated in the Act.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL A SIGNED REQUEST IS RECEIVED FROM THE STUDENT TO CANCEL IT OR UNTIL THE END OF THE ACADEMIC YEAR IN WHICH THE FORM WAS SIGNED.

Date: _____
Name of Student: _____
Student Number: _____
Incident Date/Number: _____

Release of information to: (check the appropriate box and list name)

- Father only:(Name)_____
- Mother only:(Name)_____
- Either Parent:(Names)_____
- Other: (Specify Name and relationship)_____

For the purpose of (circle all that apply):

- Obtaining information related to the incident
- To gain a better understanding of the behavioral process
- To obtain knowledge regarding the student code of conduct
- To serve in an advisory capacity for me
- Other: _____

I understand further that: 1) I have the right not to consent to the release of my educational records; 2) I have a right to review a copy of such records upon request; 3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to CMU, but that such revocation shall not affect disclosures previously made by CMU prior to the receipt of any such written revocation.

_____ Student's Signature	_____ Date
_____ Received By (OSC use only)	_____ Date