UNCP Department of Psychology FERPA Release Form

Instructions for Students: There may be times when you want faculty members in the Department of Psychology to discuss your academic records with third parties. For instance, you may want a faculty member to discuss your academic records in a letter of recommendation for graduate school or in a telephone call or e-mail with a prospective employer. The Family Educational Rights and Privacy Act (FERPA) prohibits the release of certain information (including GPA, grades, and attendance) to third parties unless the student provides written consent to release his or her records. Thus, unless a signed copy of this form is on record with the Department of Psychology, faculty members will not write you a letter of recommendation or discuss your academic record with a potential employer.

Instructions for Faculty: The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their academic information. Namely, the release of non-directory information to third parties is prohibited unless the student provides written consent to release his or her records. Before writing a letter of recommendation for a student and/or discussing a student's academic records with a potential employer, a signed copy of this form must be on file with the Department of Psychology.

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	est, give my permission, and direct the faculty of the University ogy to discuss with and release the specified portions of my
All prospective employers and/or academic institution	ons that contact the UNCP Department of Psychology.
Or, to only the following prospective employers and/or a	academic institutions:
Employer/Institution	Reason for Information Release
Employer/Institution	Reason for Information Release
Employer/Institution	Reason for Information Release
The following is the academic information that the Depa	rtment of Psychology may release:
Attendance, grades earned, and performance in all c	ourses; research activities if applicable
Or, only the following academic information:	
Attendance, grades earned, and performance in	
Other (please specify):	Enter course numbers
In the case of a letter of recommendation:	
I waive my right to review the letter I do not waiv	ve my right to review the letter Not applicable

Department, but that any such revocation shall not affect disclosures made prior to the receipt of any sucrevocation.			
First name	Last name	Banner ID Number	
Signature		 Date	

I understand and acknowledge that: (1) I have the right not to consent to the release of any of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to the UNCP Psychology

Once you have completed this form, please return it to either a faculty member in the Department of Psychology or to the department's Administrative Support Associate. Please note that you will need to bring photo identification with you when you submit this form.