CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION RECORDS

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<th>Student Last Name</th>
<th>First Name</th>
<th>Middle/Initial</th>
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Student ID #: ________________________________

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended (“FERPA”), for The University of North Carolina at Pembroke to release any personally identifiable information from my education records not defined as “Public Information” under the University’s FERPA policy.

I, therefore, give my permission/consent to The University of North Carolina at Pembroke, specifically, The Office of Student Conduct and/or its designee, permission/consent to the use and disclosure of my Full Conduct Record to the persons listed below for the following purpose:

______________________________

**Person(s) to whom information can be released:**

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<th>Name</th>
<th>Relationship</th>
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Dates in effect: ____________________ to ____________________

All records requested will be provided for review by:

The University of North Carolina at Pembroke
The Office of Student Conduct
c/o Jonathan C. Pettigrew– Director of Student Conduct
PO Box 1510 – University Center Annex, Student Affairs Suite 207,
Room 224  Pembroke, NC 28372-1510
Phone: 910.521.6851
Fax: 910.521.6272

By signing this waiver, the student is voluntarily granting, to designated individuals (listed above), access to confidential records within said student’s educational file.

Signature ___________________________ Date ____________

I voluntarily, and without duress, grant permission to The University of North Carolina at Pembroke, Office of Student Conduct personnel to discuss the information I have listed above. I acknowledge that this waiver will remain in my educational records and will be in effect for the dates listed above. I understand that this authorization may be rescinded at any time prior to the end date indicated by written request.