

Authorization to Release Educational Records

University of Central Missouri - Office of the Registrar - Ward Edwards, Suite 1000
(660) 543-4900; fax (660) 543-8400; registrar@ucmo.edu; www.ucmo.edu/registrar

The University of Central Missouri complies with the federal *Family Educational Rights and Privacy Act of 1974* and FERPA's implementing regulations. Subject to certain exceptions, the University does not disclose a student's educational records to others without the student's written authorization. Information about the University's FERPA compliance is available on the Registrar's website at: ucmo.edu/registrar/ferpa.

Students may sign this authorization form to permit the University to disclose the students' educational records subject to the law, applicable policies, and the parameters and restrictions set forth below. The third-party individual may not request changes to the student's record. The following items of the student's record are NOT covered by this release: transcripts, letters of recommendation, counseling services, health services, and accessibility services records.

- I understand that records are maintained at various offices throughout campus, and that this request pertains to all relevant offices. By signing this form, I hereby request that these office(s) provide the records and/or information described below to the individuals and/or organizations listed below.
- I understand that the specified information provided to the individuals and/or organizations listed below may be released verbally and/or in written/electronic format. Also, although I give my consent, **UCM offices reserve the right to refuse release and/or method of release of the specified information at their discretion.**
- I understand that the specified information will be made available only if requested by the listed third party. The university will not automatically send information to a third party.
- I understand that this request will be honored until the Office of the Registrar receives written authorization from me to revoke this request.

| |
|----------------------------|
| STUDENT INFORMATION |
|----------------------------|

Student ID number: 700 Phone Number: _____

Printed Student Name: _____

*Student Signature: _____ Date: _____

The university reserves the right to contact the student to authenticate the student's signature before disclosing information.

NON-DIRECTORY INFORMATION TO RELEASE UPON REQUEST

Choose the items you would like us to release:

- | | |
|--|---|
| <input type="checkbox"/> ALL RECORDS (or select individual choices) | <input type="checkbox"/> Course Grades/GPA/Academic Standing |
| <input type="checkbox"/> Course/Hour Enrollment | <input type="checkbox"/> Holds/Registration Information |
| <input type="checkbox"/> Billing statements/charges, credits/payments | <input type="checkbox"/> Past due amounts/collection activity |
| <input type="checkbox"/> Financial aid awards/disbursements/eligibility | <input type="checkbox"/> Conduct/disciplinary records |
| <input type="checkbox"/> Other: _____ | |

State the purpose of the disclosure (optional): _____

THIRD PARTY INFORMATION

| | |
|---|-------------------------------|
| Name: _____ | 4-digit PIN*: _____ |
| Relation to Student: Parent/Guardian Spouse Other Family | Sponsor* Other Third Party |
| Name: _____ | |
| 4-digit PIN*: _____ | |
| Relation to Student: Parent/Guardian Spouse Other Family | Sponsor* Other Third Party |
| Name: _____ | |
| 4-digit PIN*: _____ | |
| Relation to Student: Parent/Guardian Spouse Other Family | Sponsor* Other Third Party |
| Name: _____ | |
| 4-digit PIN*: _____ | |
| Relation to Student: Parent/Guardian Spouse Other Family | Sponsor* Other Third Party |

***Listed third parties who request student information over the phone or via e-mail will be asked to supply this four-digit PIN to prove their identity. Listed third parties who request student information in person will be required to present picture ID. If the third party is an organization no PIN is required.**

Return completed form to the Office of the Registrar:
 By mail or in person to Ward Edwards 1000, Warrensburg, MO 64093;
 or by e-mail to registrar@ucmo.edu or fax to (660) 543-8400

Processed by Office of the Registrar _____ Date: _____