* = required field

Office of Student Conduct
4400 University Drive, MS 6C9
Student Union Building 1, suite 4100
Fairfax, Virginia 22030

Family and Educational Rights and Privacy Act (FERPA) Waiver

Per the Family Educational Rights and Privacy Act (FERPA), 20 USC § 1232g, students have the right to privacy with regard to their educational records. These records include, but are not limited to, records maintained by the Office of Student Conduct. A new form must be completed after the expiration of the previous form submitted regarding a case using the case number on your prehearing/hearing notification letter. Only with a signed release are these records available to individuals other than the student, or as allowed by amendments to FERPA. If you wish to have an additional person in your prehearing meeting or formal hearing with you, this form must be completed first. If you wish for our office to forward a copy of your records to a third party (another college, an employer, etc.), you must complete this form.

I understand:

1. I have the right not to consent to the release of my student records and information,
2. The information may be released orally or in written form, and
3. That I may revoke this consent at any time.

This release overrides all FERPA directory information suppression I have previously set up in my student record for the third party designee.

Student Information

First Name * | **Last Name** * | **G-Number:** * | **Student E-mail Address** *

Name of Person(s) or Organization To Release Record To:

Person/Organization Full Name

First Name: * Last Name: *

First Name: * Last Name: *

First Name: * Last Name: *

Relationship | **Email**

Relationship * | Email Address: *

Relationship | Email Address:

Relationship | Email Address:

Purpose of Release (select the reason you are submitting this form): * -- Please Select --

If you selected "Student Conduct Case Review", enter your case number(s) from the notice letter you received via email.
If you have multiple cases, please list each case number separated by commas in the space provided.
Failure to provide this information may result in delays.

Case Number(s)

Duration of Release: * -- Please Select --

* (click to sign)

Student Signature:

Date Waiver was Completed:

Save Progress | Submit Form