



**STUDENT INFORMATION**

Last Name \*

First Name \*

Middle Name

UGA ID (81X) Number \*

Contact Email Address \*

A description of education records (or information from such records) to be disclosed: \*

The above education records may be disclosed to the following individuals and/or classes of individuals: \*

The above education records may only be disclosed by the University for the following purpose(s): \*

Please check both boxes below to indicate your understanding of FERPA and Consent to Disclosure\*

I understand that pursuant to The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g) and its accompanying regulations (34 CFR Part 99), The University of Georgia must have my written permission before disclosing information considered part of my "education record" as defined in FERPA, other than in certain specified circumstances. By executing this Consent to Disclosure, I, the undersigned, understand that my education records are protected under FERPA from disclosure without my consent unless an applicable exception exists. By executing this consent to disclosure, I agree that the above-described education records or information from my education records may be disclosed to the above indicated individuals or class(es) of individuals only for the above-described purposes. **This consent shall expire six months from the date of execution below, or on such earlier date as I provide notice to the University of Georgia, provided that such expiration or revocation shall not affect any disclosure made prior to the date of expiration or revocation.**

Signature \*

Date \*



Include copy of  
Photo ID \*

**OFFICE USE ONLY**

System Updated By:

Date: