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| **Institutional Review Board (IRB)** |  | **IRB Form 7.1** Student Consent for Release or Revocation of Non-Directory Information |

**Note:** The University of North Georgia complies with the Family Educational Rights and Privacy Act of 1974 (FERPA) by requiring the written consent from students (or their legal guardians if they are a minor) before any non-directory information from their records can be released. FERPA mandate requires that the following information is included in the consent: the specific nature of information; the party/parties to whom the information is to be released; the purpose of the release; the date; and the student’s signature. Please complete the form and return it either to the appropriate office (e.g. UNG registrar).

**IMPORTANT:** Students **MUST PRIVIDE A PHOTO ID** when submitting this form in-person, or a copy of a photo ID when submitting it by mail, fax or email.

1. **Student Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Student ID:** |  |
|  |
| **Email:** |  |  |
|  |
| **Phone:** |  |  |

1. **Release Conditions**

*Please choose “X” of one of the following options****:***

|  |  |  |
| --- | --- | --- |
|  |  | I agree with a one-time release of student records. |
|  |  |  |  |
|  |  | I agree with the release of my student records until revoked by me in writing to UNG.\*  |
|  |  |  |  |
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|  |  |  |  |

\***Note**: If you have previously signed a confidentiality request for your directory information, you will need to submit a one release for each release of new information.

1. **Type of Student Records to be Released**

|  |  |  |
| --- | --- | --- |
|  |  | Enrollment records – registration, and/or enrollment information. |
|  |  |  |
|  |  | Billing/student account information –statements, charges, payments and/or balances. |
|  |  |  |
|  |  | Financial aid information – aid awards, disbursements, eligibility, and/or status. |
|  |  |  |
|  |  | Grades – final term grades/GPA (note: does not include official transcripts). |
|  |  |  |
|  |  | Official transcript (note: transcript and processing fees may apply). |
|  |  |  |
|  |  | Student course schedule – current term schedule. |
|  |  |  |
|  |  | All of the above |
|  |  |  |
|  |  | Others, please specify: |  |

1. **Additional Information (Required)**

|  |  |  |
| --- | --- | --- |
| **Information to be released to:** |  |  |
|  |  |
|  | Name/s of Person/s: |  |
|  | Name of Institution/s: |  |
|  |  |
| **Reason for release of records:**  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **FERPA** **password (required)\*:**  |  |  |  |
|  |  |  |  |
| \***Note:** The information will be disclosed to the person(s) or institution(s) indicated above, only after they initiate a request and provide the FERPA password set up by the student. To set up the password, please indicate a word or code you wish to use above:  |

1. **Student Consent**

I understand that the information specified on this form is being released to a third party at my request, with the understanding that this party will not release it to any other parties. I agree that by signing this form the University of North Georgia is released from all legal responsibility or liability for this release.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Signature:**  |  | **Date:** |  |

**The University of North Georgia is required to keep original signed consent forms.**

**Students are advised to keep a copy of this form with their records.**

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|  |
|  **For Official Use Only** | **Name:** |  | **Date:** |  |  |
|  |
|  | **Note:** By signing this you are confirming that you have verified photo ID.  |  |
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