

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS
THIRD PARTY AFFILIATE RECORD DISCLOSURE

Student Name (Last, First, Middle Initial) _____

Student ID Number _____

Date: _____

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their educational records. Students may choose to complete and submit this form to the Office of Student Services allowing the release of their education records to third parties, it does not *require* University of North Dakota to do so. University of North Dakota reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information regarding your rights under FERPA and applicable policies, please see [SBHE Policy 503.2 – Student Data Privacy and Security Bill of Rights](#) or visit the U.S. Department of Education’s website at www.studentprivacy.ed.gov.

This form specifically relates to disclosure of your immunization record (including your COVID-19 vaccination record) and/or other academic information to an outside educational partner or affiliate of University of North Dakota related to a clinical placement, internship, residency, or other program. This disclosure is not due to any vaccination requirement imposed by University of North Dakota, but to meet a requirement imposed by the outside educational partner or affiliate. University of North Dakota will not release any information which is not required by the outside educational partner or affiliate based on your signature on this form.

Section A: Education Records to be released (check all that apply):

- Only my immunization record
- Academic Information (grades/GPA, registration, academic progress, enrollment status)
- Site/Facility Required Information (resume, cover letter, photo for ID)

Section B: Duration of Release:

Date of graduation (authorization valid until this date unless otherwise noted below): _____

Note: _____

Section C: Purpose of Release:

- Compliance with Affiliate or Partner’s Requirement (Check to acknowledge).

I understand that: (1) I have the right not to consent to the release of my education records; (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the University of North Dakota

Student’s Signature

Date

Signature of Parent or Guardian (if under 18)

Date