

University of North Texas

Center for Student Rights and Responsibilities
University Union, Suite 324- PO Box 305008 – Denton, TX 76203-5008
(940) 565-2039 – fax (940) 369-8440 – www.unt.edu/csrr

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

Family educational rights and privacy act of 1974 as amended (FERPA)

I, _____, hereby authorize University of North Texas personnel in the Center for the Student Rights and Responsibilities (CSRR) to disclose personally identifiable information from my educational records to the following individual(s) or organization(s): UNT Sponsored Student Programs Office Specifically, I authorize the CSRR to disclose information regarding disciplinary action pending against me and others, information regarding my academic performance, conduct, & current status as a student at the University of North Texas.

This authorization will remain in effect from the date it is executed until revoked by me, **in writing**, and delivered to the CSRR.

Student Name (Please Print)

Students Signature

Date