

Consent To Disclose Student Educational Records

THIS FORM MUST BE COMPLETED BY ALL SOUTHERN VIRGINIA UNIVERSITY STUDENTS

In accordance with the Family Educational Rights and Privacy Act (FERPA), it is the policy of Southern Virginia University to prohibit disclosure of personally identifiable information from your "education records" without your consent to anyone other than SVU officials who have a legitimate educational interest in the information. This policy is subject to several specified exceptions, including disclosures from education records to a student's parents, without the student's consent, if the student is a "dependent student" as this term is defined by the tax code of the United States. For more detailed information, please consult the SVU Catalog under "Privacy of Educational Records."

SVU believes that its mission is best served by close coordination with parents to promote early resolution of problems which may arise as you pursue your education at SVU. Therefore, SVU requests that you indicate below whether you are a dependent of your parents (for tax purposes) or otherwise consent to disclosure of information from your educational record to your parents at the discretion of SVU.

By signing this form, you give consent for Southern Virginia University to disclose (release) educational record(s) or information contained in your educational records to your parent(s), legal guardian(s), or other designated person(s). Such information includes your course schedules, academic progress, grades, disciplinary records, physical and mental condition, student account and financial aid information. The consent to disclosure hereby given shall remain in effect until revoked or revised in writing by you in the manner required by SVU.

Note: You need not consent if you believe in good faith that you are not a dependent student, as defined in Section 152 of Title 26 of the United States Code, and do not wish your parents to receive information about you from SVU.

Student Name: _____ ID Number: _____

INSTRUCTIONS: PLEASE SELECT THE APPROPRIATE OPTION BELOW AND FOLLOW INSTRUCTIONS.

I have read the foregoing explanation and certify that (check one):

- I am a dependent student.
- I am not a dependent student.

Dependent Students are required to fill out contact information as listed below and sign at the bottom of this form

Non-Dependent students who wish to give consent to disclose educational information, please fill out the contact information below and continue to the next section. Remember to sign at the bottom of the form.

	Name	Email Address	Phone
<input type="checkbox"/> Mother	_____	_____	_____
<input type="checkbox"/> Father	_____	_____	_____
<input type="checkbox"/> Legal Guardian	_____	_____	_____
<input type="checkbox"/> Spouse	_____	_____	_____
<input type="checkbox"/> Other(Specify)	_____	_____	_____

For Non-Dependent Students ONLY:

I do consent as stated above to such disclosure of information concerning my

- Course Schedules
- Student Account and Financial Aid
- Academic Progress
- Physical and Mental Condition
- Pending or Completed Disciplinary Records

Student Signature

Date



**SOUTHERN
VIRGINIA
UNIVERSITY**

Office of the Registrar
One University Hill Drive, Buena Vista, VA 24416
Phone: (540) 261-8408 · Fax: (540) 266-3554