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SANTA BARBARA • SANTA CRUZ

OFFICE OF STUDENT RIGHTS AND RESPONSIBILITIES

Student Signature

UNIVERSITY OF CALIFORNIA MERCED
OFFICE OF STUDENT RIGHTS AND RESPONSIBILITIES
5200 N. LAKE ROAD | MERCED, CA 95343
PHONE: 209.228.0069 | EMAIL: OSRR@UCMERCED.EDU

## **CONSENT TO DISCLOSE STUDENT INFORMATION & RECORDS**

The University of California at Merced (UCM) maintains the privacy of student education records and allows students the right to inspect their education record consistent with the requirements of the Family Education and Privacy Act (1974). (See UCM Policy for more information)

Please indicate the process for which you are seeking assistance by checking the appropriate box below:

☐ Other: \_\_\_\_\_ ☐ Informal Process ☐ Formal/Hearing Process ☐ SVSH Hearing Student Name: SID: School Email: \_\_\_\_\_\_ Phone: \_\_\_\_\_ In order to obtain verbal or written records that contain personally identifiable information about a student who is or was enrolled in an educational institution, the <u>Family Educational Rights and Privacy Act (FERPA)</u> requires that the party receiving the information agree not to disclose that information to any other party without the prior consent of the personally identified student. **Information Being Released To:** Name: \_\_\_\_\_ Role (circle one): Role (circle one): Advisor | Support Person | Other:\_\_\_\_\_ Advisor | Support Person | Other: Phone: By providing my initials and signature on this waiver I acknowledge the following: \_ I understand that this agreement is required for any aspect of the Student Conduct Process to be discussed with the individuals listed above, including their participation in meetings and hearings. While I may request that my Advisor be included in communications from the Office of Student Rights & Responsibilities or its designee, I acknowledge that it is my responsibility to ensure the listed individuals are included in communications regarding meeting coordination. \_\_\_\_ Additionally, I understand that I am responsible for sharing the policies and rules governing the role of advisors/support person(s) and that failure to adhere to these guidelines may result in their removal. Furthermore, I hereby waive my right to privacy with respect to the individuals listed above.

Date