



AMERICAN UNIVERSITY
WASHINGTON, DC

Select Information Related to Disclosures of Student Education Records

From American University's Confidentiality of Student Records Policy

American University's **Confidentiality of Student Records** policy provides a general framework for the university's compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA). Students at American University have a number of rights regarding their education records. Two of these include: 1. having access to their education records; and 2. consenting to release a record to a third party. The following information presents selected sections of the policy that are particularly relevant to student authorization to release a record to a third party.

(Since this represents an abbreviated version, please refer to the entire policy online at <https://bit.ly/2scA8Fh>)

Student education records are confidential and may only be released with consent of the student or as otherwise permitted by law. American University does not maintain education records in one central office. Education records are maintained in various departments, schools, or colleges. Examples of academic and non-academic student education records include, without limitation:

- **Academic Records:** Permanent record of academic performance (e.g., transcript, including supporting documents) maintained by the Office of the University Registrar, the WCL Registrar, academic advisor, Dean's office, and Provost's office; files of academic progress maintained by the individual school/college academic office and Provost's Office; admission files of students; Career Center files.
- **Non-Academic Records:** Files related to Financial Aid, Housing, Dining, International Student and Scholar Services, Student Accounts, and the Library; student discipline files; Dean of Students files; employment files of students employed because of their student status (e.g. work-study, graduate assistantship); other student records.

Note: Information that is not part of a student's educational record, including treatment records in the Student Health Center and Counseling Center, is not covered by this release form.

Only information directly relevant to the educational processes of the university or which is voluntarily offered by the student and accepted from the student shall be included in student education records. Specifically excluded from such student education records are certain medical and mental health information; sole possession records or private notes; records created and maintained by AU Police solely for law enforcement purposes; employment records of students; alumni records.

The university may disclose student education records with the prior written consent of the student. **A student may authorize access to third parties to review the student's education record by completing a written and dated authorization form which specifies the information to be released, the reasons for the release, and to whom the information is to be released.**

The university may disclose information in the following circumstances without the prior written consent of the student (this is a selected list; see the entire policy for a complete list):

- to the parents of a dependent student, as defined in the Internal Revenue Code. *(The parent must sign, and provide to the university, a written statement confirming that the student is a dependent. A copy of the parent's most current tax return, which reports the student as a dependent, must accompany the statement.);*
- to persons or organizations providing the student financial aid;
- to appropriate parties in a health or safety emergency;
- to appropriate parties as permitted by the university's parental notification of disciplinary violations involving the use or possession of alcohol or a controlled substance;
- and to appropriate parties in other circumstances as required by law.

Education records will only be disclosed to third parties if they are advised not to redisclose the information to others without the prior written consent of the student or as permitted by law.



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Consent for American University to Release Records/Information

Full Name: _____ AU Student ID #: _____

Phone Number: _____ Email: _____

Dates Enrolled at AU: _____

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my student education records ("Education Records") and that American University may only release these records to third parties with my prior written consent or as otherwise permitted by law. Intending to waive my right to confidentiality, I consent and direct American University to release information from my Education Records to the following recipient (organization/person):

Full name(s) of organization/person to whom disclosure may be made: _____

Relationship of organization/person to student: _____

Telephone/email/address of organization/person: _____

Purpose of disclosure: _____

Please specify the records/information that may be disclosed:

☐ All records/information

☐ Only records/information pertaining to: _____

☐ Other (please be specific): _____

The above records/information may be released immediately through (end date): _____

Please select the office(s) you are authorizing with this form to release the records/information:

☐ Dean of Students

☐ Student Conduct

☐ Title IX

By signing below, I hereby authorize American University to release my Education Record information as specified above. Further, I agree to release, indemnify, and hold harmless American University, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the university's compliance, or any attempts to comply, with this authorization.

Special Note to Recipient of the Education Record: Please be advised that the recipient of records under this authorization may not redisclose information from education records without the prior written consent of the student or as permitted by law.

Student/Former Student's Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____

Date Verified: _____

The student must complete this form in its entirety, show or provide a copy of his/her current AU Student ID or other photo identification with the completed form, and submit the request to the custodian of the office, who will verify the request. The office will maintain a copy of this form for at least seven (7) years from date verified.