DIXIE STATE UNIVERSITY
ST. GEORGE, UTAH

Consent to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits Dixie State University from releasing certain personally identifiable information from a student's record to a third party (e.g. parent, spouse, etc.) without the student's explicit written consent. This form serves as written consent when properly completed.

Additionally, to protect the student's information from unauthorized individuals, Dixie State University requires the student to provide a unique *pass phrase* that will allow the designated third party to access information and services over the telephone or e-mail. The *pass phrase* should be something that is easily remembered, but something that is confidentially shared between the student and the third party. This *identifier* will remain valid unless authorization is revoked or if a new request is received.

Instructions: Complete this form. **DO NOT SIGN** this form until you are in the presence of an appropriate DSU staff member or Notary Public. Appropriate DSU staff members are in the following offices: Registrar's Office, Financial Aid Office, Advisement or TRiO.

I, _____, _____,_____
(Student Name) (Student 'Dixie ID') (pass phrase)

give consent for the Registrar's Office (or designated University offices, such as Financial Aid) to disclose personally identifiable information concerning my education record to the individual(s) listed below. These individuals also become eligible to act in my behalf. Individuals listed below will be able to change my DSU password information, get information about my financial aid, class schedule, balance due, etc.

I understand that the individuals listed below who request information in person are REQUIRED to provide picture ID. If you would like your designees to receive information by e-mail, please list their e-mail address below.

Release information to the following individual(s):

NAME:	RELATIONSHIP:	EMAIL:
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ✓ I certify this request was signed freely and voluntarily and will be in effect until revoked in writing.

Student's signature _____ Date _____

Witnessed by _____ Date _____ Office: RO FA ADV TRiO

If you are NOT completing this form in the presence of an appropriate DSU staff member this form must be notarized. **The original notarized form must be submitted to the Registrar's Office in order to be valid**.

Notary Public: _____ State of: _____

My Commission Expires: _____ County of: _____

Seal Today's Date: _____

This form may be mailed to:
Dixie State University · Registrar's Office · 225 S University Ave HCC 1st floor · St George, UT 84770