

STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to the Family Educational Rights and Privacy Act (FERPA) and Drake University policy, the University does not release personally identifiable education records without the written permission of the student whose education records are involved. With this understanding, I desire to authorize Drake University to release my confidential student information to the below-named third party or parties.

I, _____ do hereby grant permission to Drake University to release (check all that apply)
(name of student)

Any and all of my academic records

Any and all of my student conduct records

Any and all information/records protected by Federal Confidentiality Rules (42 CFR Part 2- Substance Abuse)

I permit the above listed information to be released to:

Iowa Bar:

Iowa Board of Professional Regulation
Iowa Judicial Branch Building
1111 East Court Avenue
Des Moines, IA 50319

Out of State Bar:

I understand that:

1. Under FERPA, I have the right not to consent to the release of my educational records.
2. I have the right to receive a copy of such records upon my request to Drake University.
3. This consent shall remain in effect until revoked by me, in writing, and delivered to Drake University Dean's Office, but that any such revocation shall not affect disclosures previously made by Drake University prior to the receipt of my written revocation. I am also aware that Drake University is not responsible for the way in which any of the information released under this authorization is used.
4. A photocopy of this form will be treated as an original signature by Drake University.

Student's Name: _____ Student ID: _____

Signature of Student: _____ Date: _____

Submit completed form to Deans' Suite, Room 135 Cartwright Hall