

An Equal Opportunity/Affirmative Action Employer

Division of Academic and Student Affairs

FERPA Consent to Release Student Information

To: NC State University, Disability Services Office

Disability Services Office
Student Health Bldg.
2815 Cates Ave./ Ste. 2221
Campus Box 7509
Raleigh, NC 27695-7509

919.515.7653 (voice)
919.513.2840 (fax)

<http://www.ncsu.edu/dso>

Please provide information from the educational records of:

[Student Name]

To:

Name(s):

Relationship: Parent/s

Name(s)/Practice:

Relationship: Diagnostician

Name(s):

Relationship: Treatment Provider

Name(s)/Agency:

Relationship: Funding Agency

Name(s):

Relationship:

Name(s):

Relationship:

Name(s):

Relationship:

Name(s):

Relationship:

The only type of information that is to be released under this consent is:

All information regarding my eligibility, accommodations and services.

The information is to be released for the following purpose:

To determine my eligibility and to plan for or provide accommodations and services.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for documentation received marked otherwise). I understand I may revoke this Consent prospectively. I have received a copy of or the link to University regulation REG 11.00.1 regarding the Family Education Rights and Privacy Act (FERPA or Buckley Amendment). http://www.ncsu.edu/policies/student_services/pdf/REG11.00.1.pdf

Name (print):

Student ID Number:

Signature:

Date: