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## CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION RECORDS

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Student Last Name	First Name	Middle/Initial
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Student ID # \_\_\_\_\_

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended (“FERPA”), for **The University of North Carolina at Pembroke** to release any personally identifiable information from my education records not defined as “Public Information” under the University’s FERPA policy.

I, therefore, give my permission/consent to **The University of North Carolina at Pembroke**, specifically, **The Office of Student Conduct and/or its designee, permission/consent to the use and disclosure of my Full Conduct Record** to the persons listed below for the following purpose:

\_\_\_\_\_

**Person(s) to whom information can be released:**

_____	_____
Name	Relationship
_____	_____
Name	Relationship

**Dates in effect:** \_\_\_\_\_ to \_\_\_\_\_

All records requested will be provided for review by:

The University of North Carolina at Pembroke  
The Office of Student Conduct  
c/o Dr. Meg Dutnell– Director of Student Conduct  
PO Box 1510 – University Center Annex, Student Affairs Suite 207,  
Room 224 Pembroke, NC 28372-1510  
Phone: 910.521.6851  
Fax: 910.521.6272

By signing this waiver, the student is voluntarily granting, to designated individuals (listed above), access to confidential records within said student’s educational file.

\_\_\_\_\_  
Signature Date

I voluntarily, and without duress, grant permission to the University of North Carolina at Pembroke, Office of Student Conduct personnel to discuss the information I have listed above. I acknowledge that this waiver will remain in my educational records and will be in effect for the dates listed above. I understand that this authorization may be rescinded at any time prior to the end date indicated by written request.