

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE OFFICE OF CIVIL RIGHTS AND TITLE IX

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Name of Student (Last, First, Middle Initial):	Student ID:	Date:
The Family Educational Rights and Privacy Act (FERPA) affor education records. Students may choose to complete and submof their education records to specified third parties. Plea education records to third parties, it does not <i>obligate</i> UNO respond to requests for release of education records on Charlotte's FERPA Information page at legal.charlotte.edu.policy/gen/guid/fpco/ferpa/index.html .	nit this form to the Office of ase note that while this C Charlotte to do so. UNC a case-by-case basis.	f Civil Rights and Title IX allowing the release form <i>authorizes</i> UNC Charlotte to release C Charlotte reserves the right to review and For additional information, visit UNC
SECTION A. Education records to be released (check all that apply):		
Case Status (information related to where a specific case may stand within the office or investigation process)		
☐ Case Notes (written notes or correspondence received or s	sent by the University relate	ed to a case)
Case Resolution (information related to the case resolution	on, including responsibility,	rationale, and sanctions as appropriate)
All records listed above		
Other (please specify):		
SECTION B. Person(s) to whom access to education	records may be provide	બ
belong to whom access to calculor	records may be provide	
Name(s) of person(s) to whom access to records may be prov	vided (use additional pages i	f necessary)
Traine(s) of person(s) to whom access to records may be pro-	rided (disc additional pages i	i necessary)
Address(es) of person(s) to whom access to records may be p	provided	Relationship to Student

Care Coordination

Family Communication

Support/Advocacy

Other (please specify):

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Office of Civil Rights and Title IX.

SECTION C. Duration of release (check one):

Limited Use: This authorization expires on:

SECTION D. Purpose of release (check one):

One-Time Use: This authorization can be used only once.

Instructions for completing this form:

Student's Signature

1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.

(Date)

- Completed forms should be submitted to the Office of Civil Rights and Title IX via email at civilrights-titleix@charlotte.edu., faxed to (704) 687-8150, or mailed to the Office of Civil Rights and Title IX, 9201 University City Blvd., Charlotte, NC 28223. Questions about this form may be directed to the Office of Civil Rights and Title IX at (704) 687-6130.
- Note that this form relates only to the Office of Civil Rights and Title IX records and not to other education records held elsewhere at the University.
- Any records released pursuant to this form may be redacted to prevent disclosure of personally identifiable information about another student.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.