OFFICE OF STUDENT CONDUCT
The University of Texas at Arlington
University Center, Box 19355, Arlington, Texas 76019
Phone: (817) 272-2354 Fax: (817) 272-5221

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Student: ____________________________________________ Date: __________________________

  Last Name       First Name       ID#

Signature: __________________________________________

In accordance with the Family Educational Rights and Privacy Act of 1974, U.S.C. 1232,
University policy prohibits the release, to third parties, of information contained in a
student’s educational records without the express written consent of the student. The
student must provide a signed and dated written consent before the Office of Student
Conduct discloses personally identifiable information from the student’s education records,
except as provided in 99.31. The written consent must:

(1) Specify the records that may be disclosed;

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(2) State the purpose of the disclosure; and

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(3) Identify the party or class of parties to whom the disclosure may be made.

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