



IUPUI  
OFFICE OF  
STUDENT CONDUCT

INDIANA UNIVERSITY-PURDUE UNIVERSITY  
INDIANAPOLIS  
Division of Student Affairs

**Authorization to Release Educational Information to a Third Party**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
University ID Number

The Family Educational Rights and Privacy Act of 1974 (FERPA), requires the university to treat non-directory information as confidential information. Such information cannot be released to anyone other than the student. By the FERPA definition, under most conditions, parents, legal guardians and/or spouses are considered as third party individuals and are not allowed access to the education record without the written consent of the student.

I, the student, understand that by signing this form, I grant the university permission to discuss and/or release information pertaining to any and all behavioral, student conduct or judicial process records retained by the Office of Student Conduct. I release and hold harmless the Trustees of Indiana University, its employees, agents, and anyone for whom it may be legally liable, from any and all liability arising from or related to the provision of information in connection with this authorization. This information may be related to directory or non-directory information. I also understand that financial aid and medical/health information are not encompassed in this release. I understand that this consent form will be in effect during my enrollment at IUPUI and that I may revoke the waiver in writing at any time by informing the Office of Student Conduct.

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Limitation of Information to be Released (Please check one):**

\_\_\_\_ Release all information specified above.

\_\_\_\_ The release of information includes anything EXCEPT for the following:

\_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**