

**BEHAVIORAL RECORD INFORMATION
FERPA RELEASE FOR STUDENT BEHAVIOR RECORDS**

North Dakota State University
Fargo, North Dakota 58108

Name of Student: _____

Student #: _____

Date of Birth: _____

I, the undersigned, hereby authorize NDSU to release behavior record information.

Note that the following information could be discussed unless otherwise specified:

- information regarding date of incident
- incident location
- incident report and any supplementary documents regarding the incident
- hearing officer notes regarding the incident and any follow-up meetings
- date, time and place of the conduct hearing
- decision and sanctions made as a result of the incident

If you would like certain information not to be shared regarding the incident please specify. _____

Individual(s) to whom information may be released:

Name: _____ Address: _____

Name: _____ Address: _____

For the purpose of (check all that apply):

- Obtaining information related to the incident
- To gain a better understanding of the behavioral process
- To obtain knowledge regarding the Code of Student Behavior
- To serve in an advisory capacity for me
- Other: _____

I understand further that: 1) I have the right not to consent to the release of my education records; 2) I have a right to receive a copy of such records upon request; 3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to NDSU, but that any such revocation shall not affect disclosures previously made by NDSU prior to the receipt of any such written revocation.

Student's Signature

Date

Signature of Parent or Guardian
(If student is under 18 years of age)

Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATION 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.