RECORD OF DISCLOSURE

INSTRUCTIONS:

Complete this form each time the disclosure of Personally Identifiable Information from Student Records is requested or obtained. This form is not required for disclosures to students of their own records; disclosures pursuant to the written consent of a student, when the consent is specific with respect to the party or parties to whom the disclosure is made; disclosures to University employees, when access to the records in question is necessary (1) the information or record is relevant and necessary to the accomplishment of some task or determination and (2) the task or determination is an employment responsibility for the inquirer or is a properly assigned subject matter for the inquirer; or for disclosures of Directory Information. Refer to PPM 160-2, Section XI, for further information.

A request for disclosure of Personally Identifiable Information from Student Records of:

Student's name: __________________________________________________
Received from Insert name of requesting party): ______________________
For the purpose of:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

(Purpose should reflect the legitimate interest of the requester in the information disclosed.)
Information not disclosed (Check if applicable.) _______
Information disclosed on (Insert date.) ______________________________
By: ______________________________________________________

Name of Department Records Custodian

Retain this Record as a permanent part of file.