

**Student consent to release education records to parents –  
University of St. Thomas, St. Paul, Minnesota**  
version of 8/31/04

The Family Educational Rights and Privacy Act of 1974, as amended, prohibits postsecondary educational institutions from disclosing the education records of students to most third parties without the students' written consent. The parents of St. Thomas students are third parties under the provisions of this federal law and university policy. Accordingly; St. Thomas requires the written consent of its students prior to disclosing most education records/information to parents. The university registrar can provide information about exceptions.

This form is for the use of students who wish to voluntarily consent to the release of their education records to their parents at their request. A student who wishes to authorize the university to disclose his/her education records to a parent should complete this form and provide it to that parent. The parent should provide the form to an appropriate records custodian on each occasion on which disclosure of education records is desired. The records custodian is not required to retain the form but may do so at his/her discretion. A legible copy of the form is adequate consent. This form may be copied.

I HEREWITH CONSENT TO THE DISCLOSURE OF THE SPECIFIED EDUCATION RECORDS/INFORMATION TO THE FOLLOWING PARENTS UPON HIS/HER/THEIR REQUEST.

\*Parent name(s): \_\_\_\_\_

\*THE FOLLOWING RECORDS/INFORMATION MAY BE DISCLOSED:

\_\_\_\_\_

\*THIS CONSENT IS VALID UNTIL (Date on which the consent expires): \_\_\_\_\_

I UNDERSTAND AND CERTIFY THAT:

1. This consent authorizes any university employee who is authorized to access these records (including faculty) to disclose the specified records/information to the specified parent(s).
2. The university may disclose the specified records/information to the parent but is not required to do so. Disclosure is at the discretion of the records custodian to whom the consent is provided. No precedent is established by the decision of any particular UST records custodian to disclose or not disclose on any particular occasion.
3. The specified records will be provided by any means deemed appropriate by the authorized records custodian provided that the parent making the request presents this completed consent form or a legible copy of it.
4. This consent does not authorize the university to disclose education records/information to parents by telephone or by any means that precludes the positive identification of that person as the parent of the student and the person to whom the form was provided by the student.
5. The university is not required to keep records of disclosures made based on this consent nor is it obligated to notify the student of such disclosures.
6. With respect to my parents this consent overrides any order I have filed for the **non-disclosure of directory information**.
7. This consent remains in effect as long as an above-named parent is in possession of this form or until midnight of the expiration date set out above.
8. I am not required by law or university policy to give this consent. This consent is voluntary.

\*Student ID# \_\_\_\_\_ \*Date \_\_\_\_\_

\*Student signature \_\_\_\_\_ \*Print name \_\_\_\_\_

\* *Required information*