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## CONSENT FOR RELEASE OF EDUCATIONAL RECORDS

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I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended ("FERPA"), for Rice University to release records under the University FERPA Policy to offices outside the University.

I, therefore, give my permission to Rice University, the Dean of Undergraduates Office and its subsidiary offices, which may include, but is not limited to, Student Judicial Programs, to release all applicable records to:

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(please fill in name and contact information of individuals you are permitting Rice to release information to)

If you are signing this form outside the office, please send a copy of your photo identification card to the Office of Student Judicial Programs.

If meeting in person with a staff member, please present your photo identification card to be copied.

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Print Name

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Student ID

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Signature

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Date