

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Filing Office: Multicultural Services Form # (optional): \_\_\_\_\_

initials required I, \_\_\_\_\_, am aware that law, including the Family Educational Rights and Privacy Act of 1974 (FERPA)(20 USC 1232g), protects some of my private records from disclosure without my consent. Law does permit Pacific University in some instances to disclose some private records without consent, for example: directory information, information to protect health and safety in the event of an emergency, or information that school officials have a legitimate educational need to know. I understand and agree that this Authorization Form shall not prohibit or limit Pacific University, its employees, and its agents from disclosing any records or information about me where such disclosure is authorized by law or has been previously authorized by me. However, some records and information about students are specifically excluded from FERPA. Some examples of these exclusions are the private notes of faculty and administrators, employment records, and law enforcement records. I understand and agree that acceptance of this Authorization by Pacific University shall not constitute an agreement or obligation by Pacific University to either disclose or withhold information to which I have no claim of right. I understand and agree that this Authorization Form shall not revoke any prior authorization I have made or retract any previous disclosure.

I understand that I am filing this Authorization with the following office at Pacific University:

Name: Edna K. Gehring Title: Director

Office: Multicultural Services Phone/E-mail: 503-352-2107 / gehring@pacificu.edu

Address: UC Box #A113, 2043 College Way, Forest Grove, OR 97116

initials required I understand and agree that I may revoke this Authorization at any time only by providing a written statement to that effect to the office named above. I understand that Pacific University does not make this Authorization a necessary condition of my pursuit of academic studies. I understand that refusing or revoking this Authorization Form shall not adversely affect my ability to receive services from the office named above except when the service depends upon the disclosure of my private records.

By my signature on this Authorization Form, I hereby freely and voluntarily authorize Pacific University, its employees, and its agents as described in Section II, hereafter referred to as OFFICIALS, to disclose my private RECORDS described in Section I, to the RECIPIENTS described in Section III.

**Section I - RECORDS**

I understand and agree that by signing my initials in the space next to the RECORDS described, I am authorizing those RECORDS to be disclosed by the OFFICIALS to the RECIPIENTS.

\_\_\_\_\_ any records containing information about me, including but not limited to all the records described below

\_\_\_\_\_ the records that I have indicated below by my initials

\_\_\_\_\_ any academic records including but not limited to my attendance, grades, or performance as a student

\_\_\_\_\_ any financial records including but not limited to transactions on my account and/or financial aid award

\_\_\_\_\_ any judicial records including but not limited to any allegation, charge, or sanction levied against me

\_\_\_\_\_ any personnel records including but not limited to my performance as an employee

\_\_\_\_\_ any housing records including but not limited to my presence in University housing

\_\_\_\_\_ specifically, information in records that I have described below, released for the purpose that I have described below:

\_\_\_\_\_  
\_\_\_\_\_

initials required I understand that some RECORDS described above contain overlapping information, for example, a financial transaction may also indicate a parking violation or use of a specific service. I understand many items may constitute RECORDS, for example, correspondence from me, paper records in files, or electronic records. I understand and agree that, absent specific written instruction from me, I am authorizing the OFFICIALS in Section II to use their own professional judgement in choosing: what parts of my educational records are subject to this Authorization Form; what means to exchange them with RECIPIENTS, i.e., verbal, electronic, physical copy, etc.; and, when to disclose them.

**Authorization to Release Private Records** (rev. 2009/06/22)  
**Pacific University**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Filing Office: Multicultural Services Form # (optional): \_\_\_\_\_

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**Section II - OFFICIALS**

I understand and agree that by signing my initials in the space next to the OFFICIALS described, I am authorizing those OFFICIALS to disclose the RECORDS to the RECIPIENTS.

- \_\_\_\_\_ any Pacific University faculty or administrators including but not limited to those specified below
- \_\_\_\_\_ the Pacific University faculty or administrators I have indicated below
  - \_\_\_\_\_ Faculty who advise me or teach courses in which I have enrolled
  - \_\_\_\_\_ Academic Deans and/or Directors
  - \_\_\_\_\_ Dean of Students
  - \_\_\_\_\_ Campus Public Safety
  - \_\_\_\_\_ Housing and Residence Life
  - \_\_\_\_\_ Learning Support Services
  - \_\_\_\_\_ Multicultural Services
  - \_\_\_\_\_ Career Development Center
  - \_\_\_\_\_ Business Office
  - \_\_\_\_\_ Financial Aid Office
  - \_\_\_\_\_ Registrar's Office
  - \_\_\_\_\_ Athletic Department and Coaches
- \_\_\_\_\_ the following parties (*specify below*):  
\_\_\_\_\_  
\_\_\_\_\_

**Section III - RECIPIENTS**

I understand and agree that by signing my initials in the space next to the RECIPIENTS described, I am authorizing those RECIPIENTS to receive RECORDS from the OFFICIALS.

- \_\_\_\_\_ any Pacific University faculty or administrators including but not limited to those specified below
- \_\_\_\_\_ the Pacific University faculty or administrators I have indicated below
  - \_\_\_\_\_ Faculty who advise me or teach courses in which I have enrolled
  - \_\_\_\_\_ Academic Deans and/or Directors
  - \_\_\_\_\_ Dean of Students
  - \_\_\_\_\_ Campus Public Safety
  - \_\_\_\_\_ Housing and Residence Life
  - \_\_\_\_\_ Learning Support Services
  - \_\_\_\_\_ Multicultural Services
  - \_\_\_\_\_ Career Development Center
  - \_\_\_\_\_ Business Office
  - \_\_\_\_\_ Financial Aid Office
  - \_\_\_\_\_ Registrar's Office
  - \_\_\_\_\_ Athletic Department and Coaches
  - \_\_\_\_\_ Student Counseling Center
  - \_\_\_\_\_ Student Health Center
- \_\_\_\_\_ my parents or legal guardians (*specify name(s) below*):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ other third party (*specify contacts below*):  
\_\_\_\_\_  
\_\_\_\_\_

initials required I understand that private information about me disclosed pursuant to this Authorization may no longer be protected by law and may be subject to redisclosure, particularly when said information is disclosed to parties outside Pacific University. I understand that the disclosure of private information about me may have adverse effects upon me that I do not intend or anticipate. In consideration of this Authorization to disclose my records, I hereby release Pacific University, all its employees, and all its agents, from all liability and damages that may result from said disclosure. This Authorization shall expire on the date I have specified below. If I did not specify a date, this Authorization shall expire six months from the date I graduate, withdraw, transfer, permanently separate from Pacific University, or otherwise end my course of study at Pacific University. I understand and agree that any future revocation or expiration of this Authorization shall not void Pacific University's indemnity from any damage I suffer resultant from said disclosure.

Expiration Date: \_\_\_\_\_

\_\_\_\_\_ By my initials at left, I certify that I am 18 years of age or older. If not, Parent Acknowledgement must be attached.

By my signature below, I have read, understand and agree to all terms and conditions contained in this Authorization Form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Authorization to Release Private Records
Parent Acknowledgement for students under 18 years of age
rev. 2009/06/22

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Filing Office: Multicultural Services \_\_\_\_\_ Form # (optional): \_\_\_\_\_

When a student attends a college or university, the Family Educational Rights and Privacy Act of 1974 (FERPA)(20 USC 1232g) accords all rights and protections regarding the student's educational records to the student alone even if the student is a minor or dependent. Despite the accordance of these rights to students when they are minors, the law does not relieve parents and legal guardians of any legal and financial responsibility for their minor children's behavior and well-being. Pacific University's policy is to adhere to these provisions of FERPA. Pacific University provides this acknowledgement to parents to alert them to this unique situation.

Pacific University is prohibited by law from disclosing a student's educational records to his or her parents or legal guardians without the student's consent even if the student is a minor or dependent. Law does permit Pacific University in a few instances to disclose a student's records without the student's consent, for example, to protect the student's health and safety in the event of an emergency. To maintain Pacific University's strict compliance with FERPA, no information about a student is offered to his or her parents or legal guardians unless an emergency requires that they be contacted. There are significant and adverse situations that do not meet the legal requirement of an emergency and imminent danger to student's health and safety, such as missing class due to a common illness or the possibility of failing a course.

The significance of open communication between parents and their minor children increases when minors attend college or university. A student's consent to release records to his or her parents or legal guardians is no substitute for open communication between children and their parents or legal guardians.

We, the undersigned parents, or legal guardians of the student named above, have read and understand the contents of this Parent Acknowledgement. We understand that, except where permitted by Pacific University policy, a release of the student's records to us by Pacific University must be authorized by the student. We understand that any authorization to release the student's records to us may be revoked or altered by the student at any time and Pacific University shall be prohibited from notifying us of such revocation or alteration.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Printed Name: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Printed Name: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Printed Name: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Printed Name: \_\_\_\_\_