Record of Disclosure

Instructions: Complete this form when the disclosure of confidential personally identifiable information from student records is requested or provided without the written consent of the student.

This form is NOT required for disclosures to students of their own records; for disclosures pursuant to the written consent of a student when that consent specifically identifies the party or parties to whom the disclosure is made; disclosures to University officials, when access to the records in question is necessary for the normal performance of their assigned duties; for disclosures of public information; or for disclosures made pursuant to a subpoena or court order when the order specifies that the student is not to be notified of the order or of the records provided in response.

Retain this record of disclosure as a permanent part of the student's file.

Name of student whose records were requested _____

Requesting party _____

Date of request _____

Purpose of request _____
(purpose should meet the requirements of one of the statutory exceptions permitting disclosure, such as a health or safety emergency).

Was information disclosed? ☐ Yes
☐ No

If yes, date records were disclosed _____

Name/Signature of record custodian _____

Print Form