

GENERAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, provides protection for student educational records, and stipulates that non-directory information (as defined by FERPA and the institution) may not be released without the express written and signed consent of the student (some exceptions apply). This form is used to provide one-time consent for UVU employees to disclose non-directory education record information to specified person(s) who have joined you as guests while you meet with, visit, speak to, or otherwise communicate with a UVU employee.

STUDENT INFORMATION

UVID: _____ Name: _____

GUEST INFORMATION

Guest 1 Name: _____ Relationship to you: _____

Guest 2 Name: _____ Relationship to you: _____

Guest 3 Name: _____ Relationship to you: _____

Guest 4 Name: _____ Relationship to you: _____

Additional guests may be included on the back if needed.

STUDENT AUTHORIZATION AND SIGNATURE

1. I hereby give my express written consent for the UVU employee(s) with whom I will be speaking, meeting, or otherwise communicating to discuss any of my education record information with me and my guest(s) during this visit, call, discussion, or appointment. I understand that due to the nature of such an interaction, any number of topics could be discussed. This consent covers the disclosure of all possible elements of my education records information for the duration of this visit, call, discussion, or appointment.
2. I understand that this is a one-time consent that expires as soon as the visit, call, discussion, or appointment has concluded. Any future visit, call, discussion, or appointment that will include guests will require a new signed consent.
3. I understand that I can add any person to my account as a delegate if I wish to provide *ongoing* consent.
4. I understand that if something is to be discussed that I do not wish for my guest(s) to hear or otherwise be a part of, I can ask my guest(s) to not be present. I further understand that UVU employees are not obligated to disclose any of my education records information to guests and can ask the guest(s) to not be present or may decline to discuss, share, or otherwise disclose certain information in the presence of guests.
5. I provide this consent of my own free will and choice.

➔ **Student Signature (REQUIRED):** _____ **Date:** _____

UVU EMPLOYEE INFORMATION

Employee Name: _____ Department: _____

Date of visit, call, discussion, or appointment: _____

Send this completed form to the Registrar's Office (registration@uvu.edu).
Retention schedule: 180 days