

Release of Information

Fairleigh Dickinson University is committed to protecting the confidentiality of the personal information of its students by ensuring compliance with the *Personal Information Protection Act (PIPA)*. Release of information to other parties may be permitted under the expressed written consent of the student.

		First Name:	Student ID:
Program Major:		Concentration:	
E-mail:		Home Phone: ()	Cell Phone: ()
		The Fairleigh Dickinson Universit record or types of records):	y – Vancouver to release the following education records and
Acad	lemic Progress	Tuition Fees	Other (specify):
Name:			
Institution:			
Address:			
Telephone:			
Email:			
Comments or special instructions:			
Comments	or special instructions.	-	
		-	
Lunderstand fur	ther that (1) I have the right r	not to consent to the release of my edi	acation record; (2) I have the right to receive a copy of such records
upon request; (3	3) this consent shall remain in	effect until my written revocation is	delivered to the Student Services, and (4) that any such revocation shall mpus prior to the receipt of any such written revocation.
	G. 1 .2 G		D .
(For students ur	Student's Signature	uired if the record is being release to	Date: the Parent/Guardian). This information is released subject to the
			ther disclosure of this information without the specific written consent
		wise permitted by such regulations.	
	(Not valid unti	Revocation of Consent I received by the Director of Enrollmo	ent and Student Services)
I hereby revoke	the consent granted above:	received by the Bheetor of Emonitor	and student services)
	Student's Signature		Date:
For Authorized Use Only			
	Director Signature: Date Received:		
Comments:			