



**FAIRLEIGH
DICKINSON
UNIVERSITY**

Vancouver Campus

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.

Last Name: _____ First Name: _____ Student ID: _____
Program _____
Major: _____ Concentration: _____
E-mail: _____ Home Phone: (____) _____ Cell Phone: (____) _____

I, understand student, hereby authorize The Fairleigh Dickinson University – Vancouver to release the following education records and information to the party below (identify record or types of records):

_____ Academic Progress _____ Tuition Fees _____ Other (specify): _____

Name: _____
Institution: _____
Address: _____

Telephone: _____
Email: _____
Comments or special instructions: _____

I understand further that (1) I have the right not to consent to the release of my education record; (2) I have the right to receive a copy of such records upon request; (3) this consent shall remain in effect until my written revocation is delivered to the Student Services, and (4) that any such revocation shall not effect disclosures made by The Fairleigh Dickinson University-Vancouver Campus prior to the receipt of any such written revocation.

Student's Signature _____

Date: _____

(For students under 19 years of age-*Not required if the record is being release to the Parent/Guardian). This information is released subject to the confidentiality provisions of appropriate laws and regulations that prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Revocation of Consent

(Not valid until received by the Director of Enrollment and Student Services)

I hereby revoke the consent granted above:

Student's Signature _____

Date: _____

Director Signature: _____

For Authorized Use Only
Date Received: _____

Comments: _____

