



YEARLY CONSENT TO DISCLOSE EDUCATION RECORDS TO JUDICATORY OFFICIALS

OFFICE OF THE UNIVERSITY REGISTRAR

Student Name Last First Middle

Student ID# Date of Birth

As an ordination-track student enrolled in the School of Theology, I consent to the disclosure of personally identifiable information from my education records to the judicatory official listed below.

This authorization will remain in effect for the current academic year. I understand that a new form will be required in each subsequent year of my enrollment.

I further understand that The University of the South complies with the Family Education Rights and Privacy Act of 1974 as Amended (FERPA), and will disclose information to the individual named below at its discretion, and as provided by law.

Name
Street
City State Zip Country

By signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the person specifically listed above. This release not does permit the disclosure of these records to any other persons or entities without my written consent.

Student Signature Date

All requests require an original signature of the student. REQUESTS WITHOUT A SIGNATURE WILL NOT BE PROCESSED.

Return your completed request in person, by mail, or by email to:

Office of the University Registrar
735 University Avenue
Sewanee, Tennessee 37383-1000
registrar@sewanee.edu

Table with 1 column and 4 rows: For Office Use Only, Date Processed, Date Processed, Date Processed