

**YEARLY CONSENT TO DISCLOSE EDUCATION RECORDS
TO JUDICATORY OFFICIALS**

STUDENT INFORMATION

Full Name: _____
Banner ID#: B00 _____ 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. Disclosure will normally include official transcripts and other evaluative records required by the canons of the Episcopal Church or the General Board of Higher Education and Ministry of the United Methodist Church.

This authorization will remain in effect for the current academic year only. 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.

Full 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 does not permit the disclosure of these records to any other persons or entities without my written consent.

Student Signature: _____ Date: _____

All requests to disclose education records require an original signature of the student. Forms without a signature will not be processed.

For Office Use Only

Date Processed: _____ Processed By: _____