REQUEST FOR DISCLOSURE OF NON-DIRECTORY STUDENT INFORMATION

Purpose: The 1974 Family Educational Rights and Privacy Act, 20 U.S.C. Sec. 1232g requires that a record of disclosure be maintained that includes the names of parties who have requested or obtained personally identifiable (non-directory) information from a student's education record without the student's written consent. This form is used to review and record those requests.

Instructions: This form is to be completed and filed in the Office of the University Registrar with the student records each time an inquiry is made for non-directory data without the student's written consent. The requester should complete this form and sign it attesting to their legitimate interest in the information requested. The personnel in the Office of the University Registrar will review the request and indicate either approval or denial of the request.

A record of disclosure is not required if the request is from 1) the student or a parent who claims the student as a dependent on their Federal Income Tax forms; 2) a UNC system school official with legitimate educational interest; 3) a party with written consent from the student; 4) a party seeking directory information.

1. Name of Student: |_____|_____|____|
   Last First MI

2. Student PID Number: |_____-_____| (if known)

3. Name of Requester: |_____|

   Office (if applicable): |_____|

   Mailing Address: |_____|

   Phone: |_____|

4. Explain the legitimate interest for accessing records:

5. Names of other parties to whom the requester will release information. Information not releasable to other parties unless approved here. If the requester releases information to third parties outside the institution without this approval or the student's written consent, the requester will be denied access to all UNC-CH education record information for five years.

6. Explain other parties' legitimate interest.

|_____|_____|
Signature of Requester Date

Office of the University Registrar: Request is: Denied Approved

Signature of Reviewer/Date: |_____/_____|