

**University of Missouri School of Law  
Protected Student Information Consent Form**

Name: \_\_\_\_\_ MU Student ID No.: \_\_\_\_\_  
(Last) (First) (Middle)

The Family Educational Rights and Privacy Act (FERPA) restricts the information that an educational institution can provide about a student without a student's consent. I understand that under FERPA, I am not required to consent to the release of any of my education records. I hereby consent to the release of information by faculty and staff at the University of Missouri School of Law as specified below.

Initial either (A) or (B):

\_\_\_\_\_ (A) I consent to the release of my education records under some circumstances. (If (A) is initialed, then initial each of the following that applies):

\_\_\_\_\_ Faculty and staff at the School of Law may release any information pertaining to my academic performance while a student at the School of Law or any other educational institution I attended, including GPA and class rank, for the purpose of serving as a reference for employment, admission to another educational institution, admission to the bar, or for a scholarship or award, without my written permission.

\_\_\_\_\_ Faculty and staff at the School of Law may release any academic or other information contained in my student file to any other person when the request is reasonable as determined in the sole judgment and discretion of the Dean or his or her designees without my written permission.

\_\_\_\_\_ Faculty and staff at the School of Law may release academic or other information contained in my student file in the following situations without my written permission (**check all that apply**):

- / / To my parents upon request.
- / / To my spouse upon request.
- / / To the following individual(s) upon request:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

\_\_\_\_\_ (B) The School of Law shall **not** release any academic or other information contained in my student file to any other person or party without my specific written permission.

**Please notify the following person or persons in case of any emergency:**

**Primary:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Secondary:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

This document will remain in effect while the student is enrolled as a student and thereafter until expressly revoked by a signed written instrument received by the School of Law. I release the University, its employees and the person providing the above-described reference or evaluation from all claims and liability for damages that may result from their compliance with this request.

\_\_\_\_\_ Date \_\_\_\_\_ Signature