



## **Release of FERPA Protected Information to Attorneys and Non-Attorney Advocates**

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The Family Education Rights and Privacy Act of 1974 is a federal law that bars an institution of Higher Education from revealing personally identifiable information about a student to a third party without that student's written permission. The Act does allow for persons within the University system with a "legitimate educational interest" and some legal agencies with subpoenas to access this information. A full copy of FERPA is available to you at:

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

As the student involved in the Citizenship Education Process, (which includes Title IX Sexual Harassment Procedures) please complete the following information below and return the form to Dr. Melanie R. Fox, Director of Citizenship Education, or Blair Jenkins, Assistant Director of Residential Education in Governors Hall, no less than ten days prior to your Hearing Board date.

By completing the information below, you are agreeing that the person you list will be able to access verbal and written information regarding your disciplinary case(s).

**Name of Attorney/Non-Attorney Advocate (please print):** \_\_\_\_\_

**Address of Attorney/Non-Attorney Advocate:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Information that may be disclosed:** \_\_\_\_\_

I understand by signing this form, I am allowing the Office of Citizenship Education/Title IX Office to speak freely about my disciplinary record(s) and/or Code of Community Standard violations, (which includes violations related to the Sexual Misconduct and Interpersonal Violence Policy) within the limits specified above. I understand that I may revoke this permission completely or in part at any time by sending a signed, dated statement to either Dr. Melanie R. Fox or Blair Jenkins in the Office of Citizenship Education, or Dr. Jill Moffitt in the Title IX Office, stipulating what specific parts of the consent I wish to revoke.

A revocation is effective on the date and time received and will not affect actions taken upon this request.

**Student Name (printed):** \_\_\_\_\_ **Student Name (signed):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

\*Please note that even if a student executes a valid FERPA consent authorizing the licensed attorney or non-attorney advocate to receive information or documents regarding the student, UNC Asheville will, at all times, correspond and provide materials directly with and to the student or Student Organization. It is the student's or Student Organization's responsibility to communicate and to share information and documentation with their licensed attorney or non-attorney advocate.