



**FERPA: Family Educational Rights and Privacy Act**

**Consent Form for Disclosure**

FERPA is a federal privacy law that protects student education records, including those records maintained by The Office of Services for Students with Disabilities. Before the University of Michigan discloses your records to third parties, including a student’s parent, it requires that students consent in writing to such disclosure. By completing this Consent Form for Disclosure, you are authorizing Services for Students with Disabilities to disclose your education records to a third party. Failure to provide consent will not impact your ability to receive services from Services for Students with Disabilities and this consent is entirely voluntary.

I, \_\_\_\_\_ [insert name], consent to the disclosure of my education records maintained by Services for Students with Disabilities, including any personally identifiable information, to the below listed individual(s) for the length of my time as a student at the University of Michigan, unless otherwise revoked below.

_____	Name _____	Relationship to Student _____
_____	Name _____	Relationship to Student _____
_____	Name _____	Relationship to Student _____
_____	Name _____	Relationship to Student _____

Signature: \_\_\_\_\_ UMID: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby wish to revoke the above consent. (Request to fill this out only if you wish to revoke the consent given above)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_