



Uintah Basin Technical College

FERPA Disclosure and Release / Directory Information Suppression Form

Student Full Name: _____ Student ID: _____

Date of Birth: _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits UBTech from releasing personally identifiable information from a student's education record to third parties without the student's written consent, except as authorized by law. This form allows the student to authorize UBTech to release specified information to designated individuals or entities, or to request suppression of directory information.

I understand that individuals requesting information in person must present valid photo identification. Individuals requesting information by telephone must provide the password listed on this form. Email correspondence may occur only with the email address I provide. State and local educational authorities or funding entities (e.g., Department of Workforce Services, Vocational Rehabilitation) may have automatic access to progress, attendance, and financial aid information as permitted by law.

This authorization remains in effect until I submit a written request to revoke it.

Type of Request

Select one:

- ☐ **Release** education record information to the individuals/entities listed below
- ☐ **Suppress** directory information (opt-out of public disclosure, see notice below)

Records Authorized for Release

(Select all that apply)

- ☐ Enrollment / Registration / Participation ☐ Financial Aid / Awards / Disbursement / Eligibility ☐ Account Information (charges, payments, balances) ☐ Program of Study / Enrollment Status
- ☐ Attendance Records ☐ Certificates Awarded ☐ Academic Progress ☐ Directory Information
- ☐ Other (describe): _____

Purpose of Disclosure

Directory Information Notice

UBTech designates the following as directory information: student name, program of study, enrollment status, dates of attendance, credentials or awards received, participation in officially recognized activities, and the UBTech-assigned email address.

Directory information may be disclosed without prior written consent unless the student has submitted a directory-information opt-out. If I select "Directory Information" above, I authorize UBTech to release my directory information to the recipient(s) listed on this form, even if I previously submitted an opt-out. This authorization applies only to the recipient(s) named on this form and does not reinstate directory-information disclosure for any other purpose.

Authorization to Release Information To

Name: _____

Relationship: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Password for Telephone Verification: _____

Entity (if applicable): _____
(e.g., Department of Workforce Services, Vocational Rehabilitation)

Student Certification

I affirm that I am signing this authorization voluntarily and without coercion, duress, or undue influence.

Student Signature: _____ **Date:** _____

Witness Signature (UBTech representative): _____ **Date:** _____

Notary Section

(Required only if not signed in the presence of a UBTech representative.)

State of _____ County of _____

Subscribed and sworn before me on this _____ day of _____, 20____.

Notary Public Signature: _____

My Commission Expires: _____

Seal:

For Office Use Only

Processed By (College Official): _____ Date: _____