



**FERPA PRIOR CONSENT FORM
FOR MEETINGS**

This authorization is valid ONLY for the meeting date indicated below.

Meeting Date: _____

I _____ am aware of my right to confidentiality regarding my educational records, which are part of my student records and protected under the Family Educational Rights and Privacy Act. I consent to the disclosure of my educational records, inclusive of personally identifiable information for purposes of discussion/review at The University of Toledo on the above meeting date. I also authorize the individuals designated below to be in attendance during the discussion/review of my educational records, inclusive of personally identifiable information at The University of Toledo on the above meeting date.

Persons designated to be in attendance **on the above meeting date**, other than faculty and staff as provided for by FERPA and University Policy, include the following:

_____	_____
_____	_____
_____	_____
_____	_____

Student Signature _____

Date _____

Signature witnessed by the following University of Toledo Representative	
Name _____	Date _____
Department _____	