



**Authorization to Release Disciplinary Record Information to Tufts University**

In your application to Tufts University Summer Session, you responded “yes” to the following question: “Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from the 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavior, that resulted in a disciplinary action .... including but not limited to: probations, suspension, removal, dismissal, or expulsion from the institution.”

**Your Rights Regarding Your Disciplinary Record**

The Family Educational Rights and Privacy Act (FERPA) is a federal law giving students the right to access educational records (including academic and disciplinary records), as well as to restrict other people’s access to those records. Before a school can release your academic and disciplinary records to a third party, FERPA requires that you consent to such disclosure.

**Releasing Information from your Disciplinary Record to Tufts University Summer Session.**

Authorization on this form indicates your consent to the disclosure of personally identifiable information from your disciplinary record at the indicated high school, college, or university, to Tufts University. Tufts University reserves the right to share information from your record internally with school officials who have a legitimate educational interest, or to share this information with third parties, to the extent permitted by FERPA.

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

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

Your Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of High School, College, or University with Relevant Disciplinary Records

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I consent to the disclosure of information from my disciplinary records by the above named high school, college, or university to the individual named below. “Disclose” or “disclosure” means the act of permitting access to, or the release, transfer, or other communication of education electronic means, to any authorized party. I understand that by

giving my consent, I waive my rights under FERPA, as well as any state privacy statute, but only in the case of the individual named. I understand that medical, counseling, and police records are not subject to release. Specifically, I, request and consent that this information be disclosed in the following ways:

**Send a disciplinary summary letter to Tufts University, Office of Summer Session, Sean Recroft, Director.**

This letter shall and will indicate any responsibility for violating the code of conduct at the above named high school, college, or university. If so, dates, charges, and outcomes must be noted.

If no record exists, that should be indicated in the letter.

***Information about your disciplinary record should be sent to:***

Tufts University  
Office of Summer Session  
Sean Recroft, Director  
Dowling Hall  
419 Boston Avenue  
Medford, MA 02155

***Statement***

By signing below, I give consent for \_\_\_\_\_ (name of high school, college, or university with relevant disciplinary records) to release information from my disciplinary records to Tufts University in the manner indicated. I understand that I may revoke this consent at any time, in writing, except at the time when action has been taken to fulfill my request.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

If the student is age 18 or younger, a parent or legal guardian signature is required below.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date