

# University of Dallas Study Abroad Programs Authorization to Disclose Records and Personal Information

The Family Education Rights and Privacy Act protects the education records of students participating in the University of Dallas Study Abroad Programs. Due to the unique nature of this international program, there may be occasions when disclosure of a student's personally identifiable information to someone other than the student may be necessary. By checking the appropriate boxes and signing below, the student authorizes disclosure of their education records in accordance with each specific direction.

**Communication with Parents:** The University may disclose personal information without a student's consent to parents of a dependent student. Please mark your status as a dependent or non-dependent student for the current tax year.

- Dependent Student** – I will be claimed as a dependent on my parent(s)' federal income tax filing for the current tax year and I acknowledge the University's authority to communicate with my parent(s) regarding all matters within my education records.
  
- Non-Dependent Student** – I WILL NOT be claimed as a dependent on my parent(s)' federal income tax filing for the current tax year but I DO consent to disclosure of personal information to my parent(s) without limitation.

**Communication in Emergencies:** In case of emergency, the University may disclose information to appropriate parties, including parents, if knowledge of the information is necessary to protect the health or safety of the student or other individuals. To facilitate international travel or cooperation with government officials, study abroad participants are asked to consent to disclosure of records to U.S. and foreign government or immigration officials as may be necessary.

- I hereby grant permission for authorized University representatives to release my education records to appropriate U.S. and foreign governmental agencies as requested or required to facilitate international travel or to protect health or safety.

**I authorized release of my education records as set forth above. I understand that I am not required to release my records as a condition of my participation in a Study Abroad Program. I understand that this release remains in effect until revoked in writing.**

\_\_\_\_\_  
**Student Name**

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

\_\_\_\_\_  
**Date**