

# AUTHORIZATION TO RELEASE EDUCATION RECORD

*For General Use*

**Name of Student:**

**Student ID #:**

**College:**

I, the undersigned, hereby authorize [NAME OF COLLEGE / UNIVERSITY] (the "College") to release the following particular educational records and information:

to:

**Name of Person or Agency:**

**Address:**

for the purpose of:

I understand that (i) I have the right not to consent to the release of my education records; (ii) I have the right to request the release of my education records upon request; and (iii) this consent shall remain in effect until revoked in writing, in whole or in part, by the student or the College, but that any such revocation shall not affect disclosure of information already released by the College prior to the receipt of any such written revocation.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone No.

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

**THIS IS A 3-PAGE PACKAGE OF FORMS.**