Name:			
Last	First	MI	 -
The Family Educational Rights a ERWK D VWXGHQW¶ Institutions may not disclose info FRQVHQW H[FHSW X RWKHU WKLUG SDU	V ULJKW RI [rmation contained in e KQGHU FHUW	OFFHVV WR HGXFD Education records without the DLQ FRQGLWLRQV	DWLRQ UHFRUG student's written \$VWXGHQW¶
Student Consent for Release of I	nformation		
I hereby give my consent for my FHVV WR P\ HGXFD WLPH RI UHOHDVH	WLRQ UHFRU	GV , XQGHUVWDQ	
Student Signature:		Date:	
Parent/Guardian/Third Party (Ple	•		
1)Name		Relationship	
2)		Relationship	
3)		Relationship	
Student Withdrawal of Consent for the student withdraw my consent of DFFHVV WR P\ HGX LQIRUPDWLRQ , XO	for my parent, guardia F D W L R Q U H F I	n or other third party as name RUGV HIIHFWLYH	LPPHGLDWHO\
Student Signature:		Date:	