

Consent to Disclose Records

I, _____ hereby request and authorize
(Name of Student)

_____ to disclose and transmit to
(Name of university Office)

(insert name of recipient of education records/or class of parties to whom disclosure may be made)

a copy of the following educational records:

(describe in detail)

for the purpose of _____.
(indicate purpose)

I understand that I can also obtain a copy of the above indicated records if I desire.

_____/_____
(Signature of Student) (Date)