

Authorization to Release Education Records

Student Information	
Name: _____	M#: _____
Email: _____	Phone: _____

I understand that my education records are private and are protected by both the federal Family Educational Rights and Privacy Act (20 U.S.C. 1232g) and University Rule 3361:10-43-11 (Records: right to privacy, general policy and procedure statement). Nonetheless, I authorize the University of Cincinnati to disclose my education records, including my personally identifiable information, for all lawful purposes, relating to: _____

Authorized Recipient(s)	
Name: _____	Name: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____
Name: _____	Name: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

I understand and acknowledge the following:

- By signing this form, I am giving consent to the University of Cincinnati to release the information specified above to the individual(s) listed on this form.
- I may revoke this consent, in writing, at any time except to the extent that action has already been taken upon this release.
- I will not be contacted after an inquiry is made or information is released to the individual(s) listed on this form.

Student Signature

Date