



**CONSENT TO RELEASE EDUCATION RECORDS**

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to a third party, unless you provide written consent. You must complete a separate form for each third party to whom you grant access.

<b>Section A – Student Information</b>	
Name (last, first, middle initial) – PRINT	Student ID Number
	Date of Birth
	Daytime Phone Number
<b>Section B – Third Party Information (Who Will Receive Records)</b>	
Name (last, first, middle initial) – PRINT	Relationship to Student
Home / Business Address (street, apartment number, city, state, zip code)	Daytime Phone Number
<b>Section C – Student Certification</b>	
<p>I, _____, give consent to the Center for Global Education at John Carroll University to provide education records and information about me to the third party listed in section B above.</p> <p>The purpose of the consent is to provide those authorized above with access to my education records. For this purpose, I consent to the oral or written disclosure of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> all records contained in my transcripts and other education records (GPA, grades, accomplishments, academic and student conduct records etc.)</li> <li><input type="checkbox"/> academic records only      <input type="checkbox"/> financial aid/student account information</li> <li><input type="checkbox"/> student conduct records</li> <li><input type="checkbox"/> other: _____</li> </ul> <p>If letters of recommendation are requested from the above employee/administrative office, I</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> waive my access to such letters of recommendation; or</li> <li><input type="checkbox"/> reserve the right to review such letters of recommendation.</li> </ul> <p>I understand that if I so request, I may receive copies of any records disclosed except for records, such as confidential letters of recommendation, to which I have waived my access.</p> <p>This consent is granted for the period identified below:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> one-time disclosure,   <input type="checkbox"/> for a period of _____,   <input type="checkbox"/> for an indefinite period of time</li> <li><input type="checkbox"/> other _____</li> </ul> <p>I understand that I may revoke this consent at any time, by submitting a written revocation.</p> <p>Signature: _____      Date: _____</p>	