

STUDENT AUTHORIZATION TO RELEASE EDUCATION RECORD INFORMATION

In accordance with the Family Educational Rights and Privacy Act (FERPA) and DePaul University's FERPA Compliance policy, DePaul University will disclose information from the education records of a student to designated parties, provided the unit disclosing the information has written consent from the student.

Please sign this form and return to the appropriate office to indicate that you consent to the release of information in your education records to the parties you designate below.

I hereby authorize DePaul University to release education record information to the following people:

Name	Relationship

Please choose one:

- I consent to the release of any education record information to the above parties.
- I consent to the release of only certain education record information to the above parties.

If you are only consenting to the release of certain education record information, please specify which education record information may be released to the above parties:

Please indicate here if the consent for disclosure is time-limited in any way (i.e.—if you intend for this consent to only be valid for one day, one week, one quarter, etc.)

This release does not permit the disclosure of education record information to any other persons or entities without my written consent unless specifically allowed for by FERPA regulations and DePaul policies. I understand it is my right to revoke this authorization at any time upon notification to the office to which I submitted the authorization.

Student's Signature

Date

Student's Printed Name

Student ID#