

## **FERPA Consent to Release Form**

**NOTICE & INSTRUCTIONS:** As a current or former student, the information contained in your education records at the University of Connecticut (UConn) is protected by a Federal privacy law known as the Family Educational Rights and Privacy Act (FERPA). Except under limited exceptions specified in FERPA, school officials can only share your education records or discuss information from your records with third parties if you provide "prior written consent" — that is, your explicit permission in writing.

There may be times when you want to share certain education records and information with someone external to the University. University officials may require you to provide prior written consent by completing this form before they release the specified records or information.

Please note that this consent may be revoked at anytime by providing written notice of such revocation to the University official to whom this form was originally submitted. The revocation will apply only to prospective requests for records. The University reserves the right to require a student to submit a new or updated form as needed.

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Student Name and Address:	Student Identification Number:
I authorize UConn to release the following educat	ional records or information [please be as specific as possible]
to:	
for the purpose of:	
for the duration of (optional):	
By signing below:	
entities stated on this release form; 2) I understand that consenting to this discl	· · · · · · · · · · · · · · · · · · ·
3) I understand this consent will remain in e or date revoked by me (in writing).	effect from the date it is signed until the date I specified above
Student's Signature	Date
Date Signed: Date Revoked (if applicable)	Office Use Only le):

Date Signed:

Date Revoked (if applicab

Expire by Date:

Receiving Department: