

EASTERN

MICHIGAN UNIVERSITY

COLLEGE of EDUCATION

STUDENT CONSENT TO RELEASE RECORDS

Name of Student (Print): _____

Student ID: _____

Date of Birth: _____

I, the undersigned, hereby authorize the College of Education at Eastern Michigan University to release the following educational records and information (identify records or types of records)

[NOTE: RECORDS CANNOT BE RELEASED WITHOUT THIS INFORMATION]

to

Name and Address of Person/Agency to Receive Information

[NOTE: RECORDS CANNOT BE RELEASED WITHOUT THIS INFORMATION]

for the purpose of _____

[NOTE: RECORDS CANNOT BE RELEASED WITHOUT THIS INFORMATION]

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures previously made by the College of Education at Eastern Michigan University.

Student's Signature

Date

Signature of Parent or Guardian
(if student under 18-years of age)

Date

Mail to: College of Education
Eastern Michigan University
310 Porter Building
Ypsilanti, Michigan 48197

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.