

**UNIVERSITY OF MOUNT UNION**  
**AUTHORIZATION AND CONSENT TO RELEASE EDUCATION RECORDS**

In accordance with the *Family Educational Rights and Privacy Act of 1974* (FERPA), as amended, a student's education records are maintained as confidential by the University of Mount Union and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student's prior written consent. A student *may* grant permission to authorized personnel of the University to release some or all of that student's education records by completing this authorization and consent form. The student will be given a copy of the completed form. This form must be filed by the student with each office which is being requested to share information with a third party and will be maintained by the Registrar's Office.

Student Name (print): \_\_\_\_\_ Student ID: \_\_\_\_\_

***I, the undersigned current or former student, hereby consent and authorize:***

***\_\_\_\_\_ (Office or Department or School) with the University of Mount Union to release the following records upon the request of the persona) identified below:***

**CHECK ALL APPLICABLE RECORD(S)**

*Please specify specific records within each category on the line provided; if left blank, all items within that category are authorized to be released*

Transcripts

\_\_\_\_\_

Grade Reports

\_\_\_\_\_

Advising Reports

\_\_\_\_\_

Attendance Records/Status Updates

\_\_\_\_\_

Housing Information

\_\_\_\_\_

Financial Aid

\_\_\_\_\_

Conduct/disciplinary

\_\_\_\_\_

Other Records

\_\_\_\_\_

***The person(s) authorized to receive these records is (are):***

Name, Address & Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name, Address & Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**DURATION OF AUTHORIZATION/CONSENT**

*(Complete first option for a limited duration consent/authorization. Otherwise complete second option for an indefinite consent/authorization.)*

-- ONLY SIGN ONE SECTION--

***By my signature below, I acknowledge that this consent and authority is valid from \_\_\_\_\_ to \_\_\_\_\_.***

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***By my signature below, I understand that this consent and authorization shall remain in effect until written revocation from me is received by the office/school/department above named, and that such revocation shall not affect disclosures previously made prior to the receipt of my written revocation.***

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only

Form Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**RESCIND CONSENT AND AUTHORIZATION**

***I, the above named student or former student, hereby rescind my consent and authorization to release my education records.***

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only

Rescind Consent Received by: \_\_\_\_\_ Date: \_\_\_\_\_