FERPA Release

Student Name: _____

Student ID: ☐☐☐☐☐☐☐ and/or NetID: ☐☐☐☐☐☐☐☐

Address: _____

_____

I, the undersigned, hereby authorize the University of Connecticut ("UConn") to release the following educational records and information (identify records to types of records):

_____

to: _____

for the purpose of: _____

_____

For the duration of [up to the end of the current academic year]: _____

_____

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.

_____ _____

Student Signature Date

[Please note that copies of this FERPA Release are not kept on file at the University of Connecticut. A separate FERPA Release must accompany each request for the disclosure of student educational records.]

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 written consent of the person to whom it pertains, or as otherwise permitted by such regulations.