

FERPA Release

Student Name _____

Student ID: and/or NetID:

I, the undersigned, hereby authorize the University of Connecticut ("UConn") to release my academic and conduct history information to:

School address to be sent to
(only one school per form)

School Name: _____

Address: _____

for the purpose of: **providing academic information and conduct history on the Transfer College Report for the Common Application**

For the duration of the - academic year

I would like to request an official transcript be enclosed to the above school/recipient

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 will be kept on file for one year from date of signature and will become void after this interval.

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.