

# College of Medicine

## FERPA CONSENT TO RELEASE EDUCATION RECORD

Name of Student \_\_\_\_\_

Name(s) of person whom access to your records may be provided:

\_\_\_\_\_  
\_\_\_\_\_

Relationship to student:

\_\_\_\_\_

All Records Listed Below (check all that apply):

- Academic File | Academic/Professionalism Progress
- Academic Information (Grades/ courses taken, student ID number, academic progress, enrollment status, disciplinary records| attendance, academic intervention)
- Medical Student Performance Evaluation (MSPE)
- NBME Score Reports

The information is to be released for the following purpose:

- Family communications about academic progress or experience
- Residency Training/Employment
- Admission to an educational institution
- other (specify) \_\_\_\_\_

I understand that (1) the information may be released orally or in the form of copies of written records, as preferred by the requester, (2) I have the right not to consent to the release of my education records, (3) I have the right to inspect any written records released pursuant to this Consent, and (4) this authorization will remain in effect unless I revoke such consent by submitting written notification of the revocation to the College of Medicine Office of Student Affairs.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, school officials must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties. For additional information regarding FERPA, please visit the U.S. Department of Education's website at [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).