

College of Medicine  
FERPA CONSENT FORM

Name \_\_\_\_\_

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

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

Relationship to student:

\_\_\_\_\_

All Records Listed Below (check all that apply):

- AMCAS Application
- MCAT Score(s)
- Academic File - Academic Information (Grades/, courses taken, student ID number, academic progress, enrollment status, attendance, academic intervention)

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) 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.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
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 UNC Charlotte's FERPA Information page at <http://legal.uncc.edu/legal-topics/ferpa/ferpa-consent> or 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).