CONSENT TO DISCLOSE RECORDS
College of Chemistry Undergraduate Student Services

I, __________________________________________________ hereby request
(First Name, Last; SID)

and authorize ________________________________________ to disclose
(Name of CoC Staff Adviser)

information pertaining to my academic records to:

_____________________________________ ____________________
(Name of Person to Whom Disclosure May Be Made)  (Relationship to Student)

I authorize release of the following types of information (check all that apply):

[ ] Grades
[ ] Current course enrollment
[ ] Academic status (e.g., probation, good standing)
[ ] Transcript

I understand the information noted above is protected by the Family Educational Rights and
Privacy Act (FERPA) and/or relevant state law, and that this information will be disclosed
only to the person(s) I have authorized. Unless specified, my consent is effective from the
date below until my graduation.

Comments:

_____________________________________ ____________________
(Signature & Date)       Expected Graduation Term (EGT)