



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)

_____, _____
(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)