STUDENT AUTHORIZATION TO RELEASE EDUCATION RECORD INFORMATION

SUBMIT SIGNED FORM TO:

Lincoln Park Campus
Student Center, Suite 307
2250 N. Sheffield Ave.
773-325-7290
773-325-7396 (fax)

In accordance with regulations contained within the Family Educational Rights and Privacy Act (FERPA) and DePaul University's FERPA Compliance policy, the DePaul University Dean of Students Office will disclose to designated parties information from the education records of a student, provided the Dean of Students Office has on file written consent by the student.

STUDENT, please sign this form and return to the Dean of Students Office if you consent to the release of information in your education records to the parties you designate below.

I hereby authorize DePaul University Dean of Students administrators to release information contained in the education records accessible to the Dean of Students Office to the following people:

(if the release is for specific records they are listed below)

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<th>Name</th>
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For specific record clearance, please notate here which records may be released to the above parties.

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Please indicate here how long the accessibility to the educational record should last, (e.g. one day, one week, one quarter.)

________________________________________________________________________________________

This release does not permit the disclosure of these records to any other persons or entities without my written consent unless specifically allowed for within FERPA regulations and DePaul policies. I understand it is my right to revoke this authorization at any time upon notification to the Dean of Students Office.

________________________________   ________________________________
Student’s Printed Name (last, first)   Date

________________________________   ________________________________
Student’s Signature (handwritten signature)   Student ID#