

STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS UNDER FERPA

**University of North Carolina at Wilmington
Wilmington, North Carolina 28403**

Name of Student: _____ Student ID No.: _____

DOB: _____

I, the undersigned, hereby authorize UNCW to release the following educational records, information and works:

for Course/Section Number/Semester:

To: _____
Print Name:
Address:

For the specific purpose of:

I understand further that (1) I have the right not to consent to the release of my educational records, information and works; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to UNCW, but that any such revocation shall not affect disclosures previously made by UNCW prior to the receipt of any such written revocation.

Student's Signature

Date