

STUDENT CONSENT FOR RELEASE OF EDUCATION RECORD¹

Pursuant to the Family Educational Rights and Privacy Act of 1974,

I, _____, (_____) hereby consent to the release,
by
typed or printed name of student order number

University of North Dakota and to the extent defined below, of the following
name of university

education records directly related to me:

Records to be Released:

Reasons for such Release:

Parties to whom such Records may be Released:

I understand that such records may not be released except on the condition that the party to which the information is being transferred will not permit any other party to have access to such information without my written consent.

I also understand that, at my request, I shall be provided with a copy of the education records released pursuant to this consent.

(Please indicate whether a copy is requested: _____ YES _____ NO)

Date

Signature of Student

Social Security Number of Student

¹ Consent required by 20 U.S. C 1232g.