

**CONSENT TO DISCLOSE STUDENT INFORMATION (FERPA FORM)**

I understand that under the Family Educational Rights and Privacy Act (FERPA) of 1974, no disclosure of my education records can be made without my written consent unless otherwise provided for in section 99.31 of the FERPA Regulations. This release represents my written consent to disclose information from my education record to the specific organizations and individuals identified below.

I, \_\_\_\_\_ (please print) hereby give my voluntary consent to the Center for International Education to disclose my application, medical, disciplinary and academic records to the following organizations and individuals(s) as part of the study abroad application process.

Host School/Provider: \_\_\_\_\_

By signing this release, I am giving the Center for International Education my written consent to disclose the above listed information regarding my study abroad application and program. I also understand that I may revoke this release at any time (via written request to the Center for International Education) except to the extent that action has already been taken upon this release.

I do / do not (please circle) give the Center for International Education permission to discuss information related to my participation in Study Abroad with my parent(s)/Guardian.

Name of Parent(s)/Guardian: \_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return the completed form to the Center for International Education on the Thomas Edison Campus (Building K Room 240).*