



CONSENT TO RELEASE EDUCATION RECORDS
APPENDIX B

Office of the Registrar, MC 018
University of Illinois at Chicago
Suite 1200 Student Services Building
1200 West Harrison St.
Chicago, Illinois 60607

(312) 996-4381
records@uic.edu

Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, the University cannot disclose personally identifiable information contained in the student's education records without the student's written consent, except to the extent that FERPA authorizes disclosure without consent. A parent does not have the automatic right to view his/her child's records without the express written consent of the student. See the UIC Guidelines and Procedures Governing Student Records for further explanation of the student's privacy rights.

Students may grant any third party (e.g. spouse, parent, and/or sponsor) permission to access his/her education records or any portion thereof by completing this form and returning it to the appropriate records custodian (See section III of the UIC Guidelines and Procedures Governing Student Records).

I, _____, authorize the release of

All my records maintained by the _____
at the University of Illinois at Chicago*

OR

The Portion of my records maintained by the _____
at the University of Illinois at Chicago* and described below,

Description of Records to be disclosed: (only fill in if second box is checked)

To: (person(s) to whom disclosure should be made)

Full Name (First, MI, Last)

Relationship to Student

Purpose of Request:

In giving this authorization, I knowingly and willingly waive all privacy and confidentiality rights to which I am entitled under Federal, State or Local law or under University rules, regulations, statutes or policies. I further agree to hold the Board of Trustees of the University of Illinois, its officers, employees, representatives, agents and assigns free and harmless from any and all lawsuits or causes of action which may arise as a result of this authorization. I further understand that I may revoke this consent at any time upon written notice to the office/unit/department indicated above.

Student's Signature

____ / ____ / ____
Mo. Day Year
Date

University Identification Number (UIN)

*Please note that this consent only permits the disclosure of records maintained in the office/unit/department indicated above. As such, records maintained in other offices will not be disclosed as a result of this authorization.