

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
Tulane University
New Orleans, Louisiana 70118

Name of Student: _____

Student Identification Number: _____ Date of Birth: _____

In accordance with Family Educational Rights and Privacy Act of 1974 ("FERPA", or the "Buckley Amendment"), I, the undersigned, hereby authorize Tulane University to release for all purposes any and all financial, academic, disciplinary or other educational records and information.

I authorize release of these records and information to:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

This consent and authorization to release educational records to the above named individual(s) shall remain in effect until written revocation from me is received by Tulane. Tulane shall have a reasonable time to comply with any revocations. Any such revocation shall not affect disclosures made by Tulane prior to receipt of any such written revocation.

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to review such records upon request; (3) I have the right to request changes or deletions to items which I believe to be inaccurate; and (4) in the event a change or deletion is rejected, I have the right to place a statement in the record explaining my view of the circumstances.

Student's Signature

Date

THIS INFORMATION IS RELEASED SUBJECT TO CONFIDENTIALITY PROVISION OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

Return signed form to the appropriate college or school.

Full-time undergraduates:	Academic Advising Center
Part-time undergraduates:	School of Continuing Studies
Graduate students:	School or program office