Consent to Release Academic Information

VANDERBILT UNIVERSITY

Student Name: _____
LAST **FIRST** **MIDDLE**

Student Commodore ID: 000_____

Vanderbilt University is subject to the provisions of the Family Education Rights and Privacy Act (FERPA). This act affords matriculated students certain rights with respect to their educational records:

1. The right to inspect and review their education records within 45 days of the day the university receives a request for access.
2. The right to request the amendment of any part of their education records that a student believes is inaccurate or misleading.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records to third parties, except in situations that FERPA and its regulations allow disclosure without the student's consent.

( ) I do not consent to the release of my academic information.

( ) I consent to the release of academic information to the following individual(s):

1. _____ _____
Name Relationship to Student

_____
Address/city/state/postal code

2. _____ _____
Name Relationship to Student

_____
Address/city/state/postal code

3. _____ _____
Name Relationship to Student

_____
Address/city/state/postal code

4. _____ _____
Name Relationship to Student

_____
Address/city/state/postal code

_____
Student's signature **Date**

This consent to release academic information will remain in effect while you are enrolled as an undergraduate student at Vanderbilt or until another form is submitted to revoke consent.

Submit completed form to your school's Office of Academic Services. **A&S:** 311 Kirkland Hall. **BLR:** Main Office, Blair School of Music. **ENG:** 104 Featheringill Hall. **PBDY:** 211 Peabody Administration Building.