



University of
Connecticut

FERPA RELEASE

Name of Student: _____

Student Identification Number: _____

Address: _____

I, the undersigned, hereby authorize the University of Connecticut ("UConn") to release the following educational records and information (identify records to types of records):

to: _____

for the purpose of: _____

for the duration of: [up to the end of the current academic year]: _____

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 receive a copy of such records upon request

Student's Signature

Date

[Please note that copies of the Student Release are not kept on file at the University of Connecticut. A separate Student Release must accompany each request for the disclosure of student educational records.]

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the written consent of the person to whom it pertains, or as otherwise permitted by such regulations.