



Authorization to Release Information

The purpose of the Family Educational Rights and Privacy Act of 1974 is to protect the privacy of individual students by placing certain restrictions on the disclosure of information contained in a student’s university records. I understand that in order for the EHS Center for Student Services and the College of Education and Human Services to honor a verbal or written request for information by anyone other than the individual student, a signed authorization must be on file.

Therefore; I, _____ Campus ID # _____

Give my full consent to the Central Michigan University EHS Center for Student Services and the College of Education and Human Services to release and discuss information to the following individuals:

Name Relationship to Student

Name Relationship to Student

Name Relationship to Student

I understand that this pertains to all information regarding my student record at Central Michigan University as it relates to the Teacher Education program.

I understand that this authorization remains in effect from today through ____/____.
Month Year

I understand it will be necessary to send a written request to revoke the authorization prior to the expiration date indicated.

Student Signature: _____ Date: _____

Return form in person to EHS 421