

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Student: _____
First Name
Last Name
GWID #

Signature: _____ **Date:** _____

In accordance with the Family Educational Rights and Privacy Act of 1974, U.S.C. § 1232g, university policy prohibits the disclosure of information contained in a student’s educational records to third parties without the express written consent of the student or former student. The individual identified above hereby consents to the disclosure of such information as indicated below.

In signing this form, the individual releases the George Washington University, its officers, trustees, employees and agents, of any liability for the use, misuse or redisclosure of information contained in his or her education records by parties to whom the individual authorizes the disclosure of such information, or any other person to whom such parties redisclose such information.

Please identify below the person(s) to whom information in your education records may be disclosed, and the educational records containing such information that may be disclosed to such person(s) (default is “full”):

Full Name	Relationship	Attorney Yes or No	Disclosure Full or Partial ¹

¹If “Partial Disclosure,” list the specific records or information that may be disclosed.