

Student:					
		st Name		GWID#	
Signature:		Date:			
In accordance with the Family In prohibits the disclosure of information written consent of the student or fo	on contained in a stud	dent's education lividual identifie	al records to third parties w d above hereby consents to	vithout the expres	
In signing this form, the individual agents, of any liability for the use by parties to whom the individual	, misuse or redisclosu	re of information sure of such info	n contained in his or her ed rmation, or any other perso	lucation records	
Please identify below the person educational records containing		•	-		
E-H M	Dalatianskin	Attorney	Disclosure		
Full Name	Relationship	Yes or No	Full or Part	ial ¹	

 $^{^{1}\}mbox{If "Partial Disclosure," list the specific records or information that may be disclosed.$