



Consent to Release Educational Records (FERPA)

Name (please print): _____ ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Program: _____ Class/Track: _____

Pursuant to the Family Educational Rights and Privacy Act, I do hereby consent to MUIH releasing for inspection, providing copies, and/or otherwise disclosing, whether verbal or in writing, whether opinion or fact, any and all of my student educational records as identified below:

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> All Records | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Disciplinary | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Degree |

If release is for specific records only, please identify:

I authorize MUIH to release records to the following (list names separately):

- Parent _____
- Spouse _____
- Employer _____
- Insurance Company _____
- Student Loan Lender _____
- Other _____

I understand that this consent shall remain in effect until my written revocation is delivered to the Registrar's Office, and that such revocation shall not affect disclosures made by MUIH prior to the receipt of any such written notice.

Signature: _____

Date: _____