AUTHORITY TO RELEASE
PERSONALLY IDENTIFIABLE INFORMATION
FROM EDUCATION RECORDS

Pursuant to the Family Education Rights and Privacy Act of 1974, as amended, I, ____,[1] give my consent to authorized representatives of the University of Central Arkansas for the release of my educational records and any and all personally identifiable information contained therein, including educational information, employment information, and information contained in the records of UCA's Counseling Center, to ____[2] for the purpose of ____

____.[3]

________________________ (Date)

______________________________________[1] (Signature)

______________________________________ (Student Identification Number)

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1 Name (signature of UCA student)

2 Identification of party or class of parties to whom the disclosure may be made.

3 Purpose of disclosure.