



STUDENT AUTHORIZATION TO RELEASE EDUCATION RECORD FORM

Student Name: _____ Date of Birth: _____
(Please Print)

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my student education records and that the Johns Hopkins University may only release these records to third parties with my prior written consent or as otherwise permitted by law. Intending to waive my right of confidentiality, I consent and direct the Johns Hopkins University to release information from my education records to the following person/agency (identify name, address, and telephone number of person/agency to receive information):

Name: _____
Agency or Relationship to Student: _____
Phone Number: _____
E-mail: _____
Mailing Address: _____

I, the undersigned, hereby authorize the Johns Hopkins University to release the following educational records and information (identify records or types of records below - i.e., Academic Affairs, Student Affairs, Financial Aid, Student Outreach & Support, etc.):

These records are being released for the purpose stated below:

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures previously made by the Johns Hopkins University prior to the receipt of any such written revocation.

By signing below, I hereby authorize the Johns Hopkins University to release my education record information as specified above. Further, I agree to release, indemnify, and hold harmless the Johns Hopkins University, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the University's compliance, or any attempts to comply, with this authorization.

Student's Signature: _____ Effective Date: _____

Student's Address: _____ Cell #: _____

Please fax completed form to 410-800-4086.

Special Note to Recipient of the Education Record:
Please be advised that the recipient of records under this authorization may not redisclose information from education records without the prior written consent of the student or as permitted by law.