



## Release of Information

### MSPE, Academic, & Educational Records

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

#### Important Information

- The [Family Educational Rights and Privacy Act \(FERPA\)](#) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. Student education records are considered confidential and may not be released without the written consent of the student.
  - UND shall obtain consent from students before disclosing any personally identifiable information from their education records. The consent must: specify the records to be released, state the purpose of the disclosure, identify the party or parties to whom disclosure may be made, be signed and dated by the student. Electronic signatures are acceptable if forms are sent through the student's UND email account.

#### Authorization to Release Education Records

I, \_\_\_\_\_, the undersigned, authorize the Office of Student Affairs & Admissions and/or the UND School of Medicine & Health Sciences to release the following educational records upon written request:

Check all that apply:

Unofficial Transcripts

Medical Student Performance Evaluation (Dean's Letter or draft if completed letter is not available)

Other (please specify): \_\_\_\_\_

Released records will be used for the purpose of: \_\_\_\_\_

Person(s) to whom information may be released:

Name: \_\_\_\_\_ Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. This release will remain in effect for up to 120 days, unless I revoke such consent in writing at the Office of Student Affairs & Admissions.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_