

Authorization for Release of Confidential Information

I (please print) _____ D# _____

Authorize name of person in the Denison University Academic Resource Center:

To release the following information:

To (name and title of person(s) to which disclosure is to be made):

For the following purposes: _____

In accordance with FERPA, I, the above listed individual/student, hereby authorize Denison University to release information from my education record to the individual(s) named above and for the reasons specified. I acknowledge by my signature that I understand that although I am not required to release my information, I am giving my consent to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent and prior to my revocation.

Student's Signature: _____ Date: _____

If Under 18, Signature of parent, guardian, or legal representative:

_____ Date: _____

Prohibition on Re-Disclosure

This information has been disclosed to the named individual(s) from records whose confidentiality is protected by Federal Law. Federal Regulations (FERPA and ADA) prohibits making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general Authorization for the release of medical or other information is not sufficient for this purpose.