



BROWN

Student Consent and Authorization for Release of Educational Records Under the Family Educational Rights and Privacy Act (FERPA)

To Brown University:

By signing below, I, _____ ("Student"), authorize Brown University (the "University") to disclose and/or release to

Name:
Title/Relationship to Student:
Address:

the following information from my education records related to my attendance at the University:

Form with checkboxes for: Internal Academic Record (IAR), Entire Academic File (Admission records, Admission essay, Test scores, High school GPA), Student Employment Records, Residential Life Records, Student Conduct Records, Student Financial Account Summary, and Other.

for the purpose of _____.

I understand that I am not obligated to authorize the University to release my education records for the purposes stated above. By signing below, I acknowledge that I have read and understand the information in this authorization and give my consent for my education records to be disclosed in accordance with FERPA. I understand that this authorization shall remain in effect for one year from the date of my execution, unless otherwise revoked by me in writing and delivered to the University. However, any revocation shall not affect disclosures previously made by the University. Per Brown University's FERPA Policy, I understand that I have the right to review my education records upon request. I agree that a facsimile, digital copy, or photocopy of this authorization shall be considered as effective and valid as the original.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

Student ID#: _____

Unless otherwise instructed, please return fully completed to: Brown University, Office of the Registrar, Box K, Providence, RI 02912 or Registrar@Brown.edu. For more information about Brown University's FERPA Policy, please visit the Registrar's website at www.brown.edu.