CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION RECORDS

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended (“FERPA”), for Northwestern University to release any personally identifiable information from my education records not defined as “Public Information” under the University’s FERPA policy.

I, therefore, give permission to _____________________________ to release:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

for the purposes of: ____________________________________________________________

________________________________________________________________________

This release is valid until: _______________________________________________________

Print Name ___________________________ Student ID _____________________________

Signature ___________________________ Date * ______________________________