



NORTHWESTERN  
UNIVERSITY

---

---

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 my permission to \_\_\_\_\_ to release:  
(Staff member(s) or Office(s))

\_\_\_\_\_  
(Please indicate information to be released)

to:

\_\_\_\_\_  
(Please indicate individual(s) and/or entities to whom information is to be released)

for the purposes of: \_\_\_\_\_

---

Print Name

---

Student ID

---

Signature

---

Date

This release is valid for one year from the above date.