



STUDENT AUTHORIZATION TO RELEASE EDUCATION INFORMATION FORM

Student Name: _____ **Date of Birth:** _____
(Please Print)

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my student education records and my academic institution may only release these records to third parties with my prior written consent or as otherwise permitted by law. Intending to waive my right of confidentiality, I consent and direct my physician associate program to release information from my education records to the following person/agency (identify name, address, and telephone number of person/agency to receive information):

I, the undersigned, hereby authorize my academic institution to release the following educational records and information (identify records or types of records below – i.e., Academic Affairs, Student Affairs, Financial Aid, etc.):

Current Standing within the Physician Associate Program _____

These records are being released for the purpose stated below:

Scholarship Application and Consideration _____

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures previously made by the Peabody Institute prior to the receipt of any such written revocation.

By signing below, I hereby authorize my academic institution to release my education record information as specified above. Further, I agree to release, indemnify, and hold harmless the academic institution, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the institutions’s compliance, or any attempts to comply, with this authorization.

Student’s Signature: _____ **Effective Date:** _____

Student’s Address: _____ **Cell #:** _____

Special Note to Recipient of the Education Record:

Please be advised that the recipient of records under this authorization may **not** redisclose information from education records without the prior written consent of the student or as permitted by law.

