



Student's Consent to Release Information to Student's Specified Third-Party

Instructions: This form is to be used by the student to grant access to their educational records to third-party entities, such as a parent, spouse, friend, etc. When completing this form, please print all items clearly to allow for correct processing. **A new form must be submitted for each new request.**

The Family Educational Rights and Privacy Act of 1974, also known as FERPA and/or The Buckley Amendment of 1974, as amended, grants students attending post-secondary institutions certain rights and privacies regarding their education records. By submitting this form, the student may consent to release his/her education records and/or other information to a third-party for a defined purpose.

Student Information

_____	_____	_____
LAST NAME	FIRST NAME	STUDENT ID#
_____		_____
CONTACT PHONE #	EMAIL ADDRESS	

I give *temporary permission* to the College of Computing and Digital Media's Academic Success Center to discuss my educational records to the recipient listed below. I understand that this temporary permission is granted through the date indicated below. If I wish to grant further permission I will need to fill out a new form. Furthermore, I hereby release DePaul University, its officers, employees, including the College of Computing and Digital Media, from any and all liability for release of the records or information provided to the third party listed below.

Individual(s) to release information to

_____	_____	_____
LAST NAME	FIRST NAME	RELATIONSHIP
_____	_____	_____
LAST NAME	FIRST NAME	RELATIONSHIP

Expiration date for this waiver: _____
(please indicate a specific date)

_____	_____
STUDENT SIGNATURE	DATE

Please submit this form in person or via fax to the CDM Academic Success Center.
A valid picture ID is required with this form for verification.
If faxed, an enlarged copy of ID with a signature is required.

For Office Use Only:

CDM Staff signature: _____ Date of receipt: _____