
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 besides themselves, 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 #

EMAIL ADDRESS

I give temporary permission to the College of Computing and Digital Media's Office of Graduate Admission to release information to the recipient listed below. I understand that this temporary permission is granted for only 30 days after the date 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 admission records or information provided to the third party listed below.

Individual to Release Information to

LAST NAME

FIRST NAME

CONTACT #

RELATIONSHIP

Information to Release

- | | |
|--|---|
| <input type="checkbox"/> Application Materials | <input type="checkbox"/> Admission Decision |
| <input type="checkbox"/> Transcripts/Transcript Evaluation | <input type="checkbox"/> I-20 Document(s) |

STUDENT SIGNATURE

DATE

**Please submit this form in person to the
College of Computing and Digital Media's Office of Graduate Admission
A valid picture ID is required with this form for verification.
If mailed or faxed, an enlarged copy of ID with a signature is required.**

**Office of Graduate Admission, CDM Center Suite 100, 243 South Wabash Avenue, Chicago, IL 60604
You may also submit it by fax: 312-362-5179 or email: admission@cdm.depaul.edu.**

For Office Use Only:

CDM Staff Processing: _____ Date: _____