

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL**  
**CONSENT FOR RELEASE OF INFORMATION FROM EDUCATION RECORDS**

*FERPA restricts the kinds of information that can be provided about a student. Therefore, students who request a letter of reference or a telephone reference from a faculty or staff member must authorize the release of information from their education records. Students can do this by completing this form and providing a signed copy to the faculty or staff member providing the reference.*

Student Name: \_\_\_\_\_ PID: \_\_\_\_\_

I request that \_\_\_\_\_ serve as a reference for me.  
*Name(s) of Faculty or Staff Member(s)*

The purpose(s) of the reference are (*check all that apply*):

- Application(s) for employment
- Scholarships and/or awards
- Admission to another educational institution

The reference may be given in the following form(s) (*check one or both*):

- Written
- Oral

I authorize the above-named person(s) to provide an evaluation of any aspect of my academic performance, whether based on personal observation or on my education records at The University of North Carolina at Chapel Hill (the "University"), and to release information from my education records, including my grades, GPA, class rank, any information pertaining to my education at other institutions I have previously attended, and any other personally identifiable information. I authorize release of this information and reference or evaluation to (*list specific individuals and/or entities – e.g., write the name of a prospective employer or write "all prospective employers," "all educational institutions to which I seek admission," or "all individuals and/or entities considering me for a scholarship or award"*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that, under the Family Educational and Privacy Rights Act (FERPA), I have the right not to consent to the release of my education records. I release the University, its employees and the person(s) providing the above-described reference or evaluation from all claims and liability for damages that may result from their compliance with this request.

By initialing here, I waive my right to review a copy of any reference by the above-named person(s) at any time in the future.

This Consent shall remain in effect until revoked. A copy of this Consent shall have the same force and effect as the original.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_