

FERPA
PERMISSION TO OBTAIN AND RELEASE INFORMATION

I understand that this authorization for confidential information applies only the individual or agency named below and does not permit information concerning me to be obtained/released to any other agency or individual. I further understand that I may revoke this consent at any time, except for information that has already been released. This authorization will expire after one (1) year unless otherwise specified below.

I, _____, UMID number _____, hereby grant University of Michigan officials in the College of Engineering Office of Student Affairs and University of Michigan Division of Student Affairs permission to discuss the following information to the authorize individual/agency listed below:

Authorized Individual/Agency:

Name and Relationship: _____

Address: _____

Phone Number: _____ Email: _____

Name and Relationship: _____

Address: _____

Phone Number: _____ Email: _____

Name and Relationship: _____

Address: _____

Phone Number: _____ Email: _____

Student Signature: _____ Date: _____

Unique Name: _____ Phone Number: _____

I hereby revoke the above consent to release information from this date forward.

Signature: _____ Date: _____

Consent Form Expiration Date: _____