



Consent to Release Education Record Information

Office of the Registrar – Student Records, University of Memphis
003 Wilder Tower, Memphis, TN 38152-3520 / Ph: 901.678.3927

- You must submit a copy of your photo ID with this form.
- This request does not apply to financial aid records.

Student Name (Print): _____

Student U-Number: U_____

Recipient of Information: _____

Recipient Address: _____

Records/Information to be released: _____

Purpose for Disclosure: _____

I, the above named student, do hereby authorize the University of Memphis (“University”) and/or its employees to release to the above named recipient my education records and/or information as described above.

I acknowledge that I may revoke this “Consent to Release Education Record Information” **in writing** at any time by sending such authorization to the University Office with which I filed the original “consent to release”.

I also acknowledge and agree that any disclosure of records and/or information made prior to my written revocation shall not constitute a violation of my right to privacy under federal and state law.

Student Signature

Date

Office Use Only – Action Completed

Date:

By: