FERPA Consent to Release Education Record

MUSC
Medical University of South Carolina
College of Medicine

Name of Applicant: _____

Name(s) of person whom access to your records may be provided:

_____

_____

Relationship to student: _____

All Records Listed Below (check all that apply):

- ☐ AMCAS application
- ☐ MCAT score(s)
- ☐ Academic file: Academic information (grades/courses taken, student ID number, academic progress, enrollment status, disciplinary records, attendance, academic intervention)

I understand that (1) the information may be released orally or in the form of copies of written records, as preferred by the requester, (2) I have the right not to consent to the release of my educational records, (3) I have the right to inspect any written records released pursuant to this Consent, and (4) this authorization will remain in effect unless I revoke such consent by submitting written notification of the revocation to the MUSC College of Medicine Office of Student Affairs.

_____ _____

Applicant Signature Date

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, school officials must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties. For additional information regarding FERPA, please visit MUSC's Policies and Guidelines Information page at https://education.musc.edu/students/enrollment/bulletin/policies-and-guidelines or the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

FERPA Consent to Release Education Record

MUSC
Medical University of South Carolina
James B. Edwards College of Dental Medicine

Name of Applicant: _____

Name(s) of person whom access to your records may be provided:

_____

_____

Relationship to student: _____

All Records Listed Below (check all that apply):

- ☐ AADSAS application
- ☐ DCAT score(s)
- ☐ Academic file: Academic information (grades/courses taken, student ID number, academic progress, enrollment status, disciplinary records, attendance, academic intervention)

I understand that (1) the information may be released orally or in the form of copies of written records, as preferred by the requester, (2) I have the right not to consent to the release of my educational records, (3) I have the right to inspect any written records released pursuant to this Consent, and (4) this authorization will remain in effect unless I revoke such consent by submitting written notification of the revocation to the MUSC College of Dental Medicine Office of Academic and Student Affairs.

_____ _____

Applicant Signature Date

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. In order to submit recommendations or evaluations in accordance with FERPA regulations, school officials must request that students submit this authorization/waiver or its equivalent prior to providing FERPA-protected student information to third parties. For additional information regarding FERPA, please visit MUSC's Policies and Guidelines Information page at https://education.musc.edu/students/enrollment/bulletin/policies-and-guidelines or the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.