

PACIFIC UNIVERSITY
Student's Consent for Release of Information

In accordance with the Family Educational Rights and Privacy Act of 1974 it is necessary for school officials at Pacific University to have written consent from a student in order to release information from the student's records to any source outside the university, the exception being directory information. If you have any questions regarding this Consent For Release or the Family Educational Rights and Privacy Act, please contact the Pacific University Registrar.

(Please initial each section, circle a response where indicated, and complete all information.)

I hereby grant the following Pacific University school officials:

_____ YES NO All School of Occupational Therapy Faculty and Staff

_____ YES NO NA _____
Specify School of OT official(s)

permission to release information regarding my performance as a student to parties outside the university in accordance with the specifications I have indicated below.

RELEASE TO THIRD PARTIES:

General. I give my consent to the school officials designated above to release to any inquiring parties information regarding my performance as a student, which may include information contained within student records. This consent for release will remain in effect from the date indicated below until I submit written notification rescinding this request.

_____ I DO / DO NOT give my consent, as stated above.

Specific. I give my consent to the school officials designated above to release information regarding my performance as a student, which may include information contained within student records. This information may be provided to the following parties:

_____ NA I DO / DO NOT give my consent for information to be released to all inquiring parties solely for the purpose of employment, volunteer, and scholarship references.

_____ NA I DO / DO NOT give my consent for information to be released to all School of Occupational Therapy fieldwork educators.

_____ NA I DO / DO NOT give my consent for information to be released to following individual(s): _____

This consent for release will remain in effect from the date indicated below until I submit written notification rescinding this request.

Signature

Name (Please Print)

Social Security Number

Date

Note: This request will be kept on file by the School Official(s) designated above.