

CONSENT TO DISCLOSE EDUCATION RECORDS TO THIRD PARTY

FORM FILL OR LEGIBLE BLACK / BLUE INK ONLY

I, _____, UH Number _____,

hereby give my consent to have my following education records disclosed to

_____.

Specific Records to be Disclosed: _____

Reason for Disclosure: _____

Third party must present a valid government issued photo ID if appearing in person or must answer the following security question in order to access the information specified above.

Security Question: _____ _____
Answer: _____ _____

This request may be canceled at any time by the student. Requests to cancel this consent must be submitted in writing.

Student's Signature

Date

SASC Signature

Date