



**CONSENT TO DISCLOSE STUDENT INFORMATION by Global Education Center**  
**(FERPA Form)**

I understand that under the Family Educational Rights and Privacy Act (FERPA) of 1974, no disclosure of my education records can be made without my written consent unless otherwise provided for in section 99.31 of the FERPA Regulations. This release represents my written consent to disclose information from my education record to the specific organizations and individuals identified below.

I, \_\_\_\_\_ (please print) hereby give my voluntary consent to the Study Abroad Advisors in the Global Education Center to disclose my medical, disciplinary and academic records to the following organizations and individuals(s) as part of the Study Abroad application process.

Please select the program that applies below:

<input type="checkbox"/>	ISA Admissions Coordinator
<input type="checkbox"/>	CEA Admissions Coordinator
<input type="checkbox"/>	SIT Admissions Coordinator
<input type="checkbox"/>	Semester at Sea
<input type="checkbox"/>	Host School: _____ (indicate overseas institution)

By signing this release, I am giving the Global Education Center my written consent to disclose the above listed information regarding my Study Abroad application. I also understand that I may revoke this release at any time (via written request to the Global Education Center) except to the extent that action has already been taken upon this release.

I do / do not (please circle) give the Global Education Center permission to discuss information related to my participation in Study Abroad with my parent(s)/Guardian.

Name of Parent(s)/Guardian: \_\_\_\_\_

Student Name \_\_\_\_\_  
*Print clearly*

CWID: \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_  
or Guardian if under 18

Date: \_\_\_\_\_