

Information Release Form

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and University policy, an information release form needs to be signed by the student to authorize the University to release information to the designated person(s) listed.

This form must be filed by the student to share academic and financial information with a third party. FERPA rights apply once a student reaches the age of 18 or begin attending classes at the University. This form will be in effect until written notice is received to remove it.

Please note that while this form authorizes the University of Nebraska Medical Center to release education records to third parties, it does not obligate UNMC to do so.

Student Contact Information

Name: _____ (First Name Middle Name Last Name)

Student NU ID#: _____

DOB: _____

Cell Phone: _____

Email: _____ (mm/dd/yyyy)

By signing below, I hereby authorize University of Nebraska Medical Center to release financial and/ or academic information to the identified recipients listed. The consent to release form is valid until canceled by the student.

Student Signature: _____

Date: _____

Designated Recipient List

Provide the first name and last name of each recipient and the relationship to student.

Recipient First and Last Name	Relationship to Student

Complete the form and return to the UNMC Academic Records by email at <mailto:academicrecords@unmc.edu>. For more information about FERPA and your FERPA rights visit the [Academic Records website](#).