

UNIVERSITY OF WASHINGTON
Office of the Registrar
Seattle, Washington 98195

CONSENT TO RELEASE RECORDS

I, _____, hereby give my consent to the
(Student Name)

University of Washington to release my _____
(specify records to be released)

to _____ for the purpose of
(Specific party or class of parties to receive records)

(State exact purpose of release)

I do / do not request that the University of Washington provide me a copy of the records
(circle one)

released pursuant to this consent.

I understand that the University of Washington will provide the records cited above only with the condition that the receiving party or parties **may not** disclose the information, other than directory information, to other parties without my further consent, unless such other parties are otherwise eligible under federal law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

_____/_____
Signature of Student / Date