

Consent for Educational Data Release

I hereby give my consent to release my educational records and data as specified below, in accordance with applicable privacy laws and regulations.

Full Name:

Student ID (if applicable):

Data to be released to (Name/Organization):

Purpose of Data Release:

Type of Data to be Released:

Release Period (From-To):

I understand that this consent is voluntary and may be revoked at any time by providing written notice.

Signature:

Date:

Submit Consent