



## Educational Record Release Form

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, the Medical University of South Carolina (MUSC) will only disclose confidential information from the education records of students to third parties provided the university has written consent from the student to do so.

By signing below, I consent that \_\_\_\_\_ may disclose confidential information from my  
instructor/staff name  
education record with the individual(s) listed below for the purpose of providing a reference/recommendation. I understand that unless otherwise specified below, any information in my education record including grades, GPA, rankings, disciplinary actions, etc. from the Office of the Registrar or maintained in my department or college may be disclosed in order to provide this reference/recommendation. I understand that this approval is valid only for this specific instance, and that this approval overrides any existing FERPA directory information hold I have set up on my educational record.

*Note: this consent does not cover medical records held solely by Student Health Services or Counseling and Psychological Services (CAPS) offices.*

Recipient Name:

Recipient Contact Information:

Exceptions/Exclusions:

By my signature below, I authorize release of information from my educational record as described above:

\_\_\_\_\_  
Month

\_\_\_\_\_  
Date

\_\_\_\_\_  
Year

\_\_\_\_\_  
Student's Signature