



Consent to Release of Student Education Records

I, [STUDENT NAME] \_\_\_\_\_, hereby authorize the University of Utah to release my education records to, and to discuss those education records with, the following named person(s):  
[PERSON(S)/ENTITIES TO RECEIVE RECORDS]

I am authorizing the release of my education records for the following purpose(s):  
[DESCRIPTION OF PURPOSE]

The specific education records that may be released by the University of Utah are described as follows:  
[DESCRIPTION OF EDUCATION RECORDS]

I understand that, upon request to the University of Utah, I am entitled to receive a copy of the foregoing records that are released pursuant to this consent.

This consent will expire on: [DATE] \_\_\_\_\_

Dated: [CURRENT DATE] \_\_\_\_\_

Signed: [STUDENT NAME] \_\_\_\_\_