



Office of the
Dean of Students

STUDENT AFFAIRS | THE UNIVERSITY OF UTAH

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: _____

Signed: [STUDENT SIGNATURE] _____ Date: _____