



RICE

Consent to Release Student Information

Student Information

Student ID: _____ Name: _____

Email: _____ Phone: _____ Date of Birth: _____

Student Level: Undergraduate Undergraduate Professional Graduate Visiting Student

Consent to Release Information

I hereby give permission to Rice University to release the education records listed below and which pertain to me to the following person or entity. I understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended ("FERPA"), for Rice University to release records under the University FERPA Policy to offices outside the University.

Name: _____ Business: _____

Street Address: _____ City: _____

State: _____ Postal Code: _____ Country: _____

Records or Information to be Released

Please indicate records or information to be released in the space provided below.

Purpose of Request

Please describe the purpose of the request.

If this consent is for a letter of recommendation, do you wish to waive your right to access/examine the letter? Yes

No

Request for Approval (Student Signature)

I understand that I can revoke this release at any time by notifying Student Judicial Programs in writing. *(Please Note: It takes 2-3 days to process this request).* The request will remain in effect until revoked in writing. By signing this form, I acknowledge that I have read the information on this form.

After completing and signing this form, it may be submitted in one of the following ways:

Email
sjp@rice.edu

Fax
(713) 348-2460

In Person
Student Judicial Programs
Lovett Hall, Suite 301

Mail
Rice University
Student Judicial Programs-MS 160
6100 Main Street
Houston, TX 77005

Student Signature: _____ Date: _____