

STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS

NEOMED Student ID # _____

Last Name First Name Middle Initial

Mailing Address: _____ Cell Phone #: _____

City, State, Zip: _____ Email: _____

This authorization is valid until canceled. This student may cancel this release at any time by submitting another FERPA form to the NEOMED Registrar.

I give permission for Northeast Ohio Medical University to release and/or discuss the selected items below to/with the recipient listed for the purpose of _____.

Student Signature: _____ Date: _____

AUTHORIZATION TO RELEASE AND/OR DISCUSS EDUCATION INFORMATION

- ALL RECORDS - *Includes all items outlined below in Accounting, Admission, Registration, Academic Records, and Financial Aid.*
- Accounting – *Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.*
- Admission- *Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission.*
- Registration - *Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.*
- Academic Records – *Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees awarded.*
- Financial Aid – *Includes all general financial aid information.*
- Student Conduct and Professionalism – *Includes matters of student conduct and professionalism concerns.*

PLEASE PRINT CLEARLY

(Parent, Guardian, Spouse or Other)

<input type="checkbox"/> Release to	<input type="checkbox"/> Cancel	_____	_____
		Name	Relationship
<input type="checkbox"/> Release to	<input type="checkbox"/> Cancel	_____	_____
		Name	Relationship
<input type="checkbox"/> Release to	<input type="checkbox"/> Cancel	_____	_____
		Name	Relationship
<input type="checkbox"/> Release to	<input type="checkbox"/> Cancel	_____	_____
		Name	Relationship

PICTURE ID OF STUDENT IS REQUIRED WITH THIS FORM If mailed or faxed, an enlarged photocopy of ID with a signature is required	Verified BY: _____	Date: _____
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