



**STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS**

\_\_\_\_\_  
 LAST                      FIRST                      MI                      NEOMED Student ID # \_\_\_\_\_

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.

**PLEASE PRINT CLEARLY**

**(Parent, Guardian, Spouse or Other)**

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

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