



URBAN COLLEGE OF BOSTON AUTHORIZATION TO RELEASE INFORMATION

In accordance with the provisions of the Family Educational Rights and Privacy Act (FERPA) (Section 438 of the General Education Provisions Act 20 USC 1232), I give the Urban College of Boston permission to disclose the information listed below to the following individual(s) or agency(ies):

Name: _____

I understand that this consent is valid throughout my enrollment at the Urban College but may be modified or rescinded by me in writing at any time.

INFORMATION TO BE RELEASED:

The following information from my records at the Urban College may be released to the above-specified persons:

- Grades and academic standing
- Academic information
- Tuition and fee status
- Recommendations for employment or admission to other schools
- Other, please **SPECIFY**: _____
- All records or information

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974 and agree to the release of the information listed above.

Student's Name (printed):

Signature:

Date: