

 COLLEGE OF NURSING <small>THE UNIVERSITY OF TOLEDO</small>	College of Nursing Collier Building MS 1026 3000 Arlington Avenue Toledo, Ohio 43614
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FERPA PRIOR CONSENT FORM (Rev. 7/11/11)

This authorization is valid **ONLY** for the purpose indicated below.

- Employment reference
- Scholarship application
- Program admission recommendation

I request the reference, application or recommendation be provided to:

Name _____

Role _____

Entity _____

Address _____

I am aware of my right to confidentiality regarding my educational records, which are part of my student records and protected under the Family Educational Rights and Privacy Act (FERPA). I understand further that I have the right to receive a copy of such records upon request and that this consent shall remain in effect until revoked by me in writing and delivered to The University of Toledo Office of the Registrar. Any such revocation shall not affect disclosures previously made by the University prior to receipt of such written revocation. I consent to the disclosure of my educational records, inclusive of personally identifiable information, for purposes of discussion/review with the persons identified below.

Persons designated to provide and receive information: I authorize (name or names)

_____ to disclose my educational records, including any disciplinary records to the above named entity.

_____/_____
 Student Signature Student Printed Name

Address _____

Phone (residence) _____ (cellular) _____

Date _____ Student ID Number _____

- I have discussed this request with the faculty member and provided a resume if requested.
- I have not discussed this request with the faculty.