

## Release of Records Form (#X)

A facsimile of this form is acceptable. This assignment is optional.

I, (print name) \_\_\_\_\_, recognize that records pertaining to students are generally required by the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g (a federal law) to be held confidential by the University. Only personally identifiable information designated as “directory information” may be disclosed without first obtaining a signed and dated written consent from the student for such disclosure.

I, (print name) \_\_\_\_\_, (date of birth) \_\_\_\_\_, (CSU ID#) \_\_\_\_\_ hereby give permission to the Internship Coordinator at Colorado State University to release educational records concerning me in their possession to (name of Organization Supervisor) \_\_\_\_\_ at the Host Organization only as necessary to promote an effective working relationship between the Host Organization and the Department of Fish, Wildlife and Conservation Biology at Colorado State University.

This release does not include medical or psychological records maintained by the University Health Service or Counseling Center.

I understand that the University cannot require me to sign this authorization and it has not done so. I am voluntarily authorizing the release of my records to:

(Name of Organization Supervisor) \_\_\_\_\_. The disclosure of this information from the student’s education record is made on the condition that the information will be used only for the purposes for which the disclosure is made (as described above) and will not be redisclosed without the student’s additional written consent. I understand that unless specified below this consent will expire 180 days from the date of signature, unless I revoke or amend it at an earlier date, in writing. I understand that I am free to do so at any time. Date Authorization expires (if different from 180 days):

\_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_,

201\_\_\_\_. \_\_\_\_\_  
(Student signature)