

**University of Oregon  
Counseling Psychology Program**

**Consent to Release Student Information**

I, \_\_\_\_\_, hereby authorize the University of Oregon to release reference information, including the dates of attendance, quality of performance, academic standing, and graduation status to any educational partners, prospective employers, educational institutions, scholarship organizations, or licensing bodies who request the information.

I understand that this information is considered a student educational record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential from the above personnel under the Family Educational Rights and Privacy Act (FERPA).

I certify that my consent for the release of this information is entirely voluntary. I understand and agree that this consent to release can be revoked by me at any time, in writing, but will not apply to previous disclosures. This release will remain in effect until and unless specifically revoked by me in writing.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Forms should be submitted to:  
Academic Secretary  
Counseling Psychology