

**FOR USE BY
FACULTY**

STUDENT CONSENT

THIS AUTHORIZATION AFFECTS YOUR RIGHTS IN THE PRIVACY OF YOUR PROTECTED INFORMATION. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING.

With my signature below, I am granting consent for Professor _____ of the University of Rio Grande/Rio Grande Community College (“the Professor”) to disclose to _____ any requested personally identifiable information, including attendance records, grades, and class performance, from my education records for the purpose of _____. This authorization is for the _____ academic year. This consent can be revoked prior to the end of that academic year only in writing by my submitting a written request to revoke to the Professor.

There are no restrictions on this consent, except as listed here:

(Printed Name) First, Middle & Last

Student Signature

Date

cc. File