

**Consent to Release Student Information**

**INSTRUCTIONS**

**Students:** Submit this completed form to all faculty members and others whom you wish to write a letter of recommendation on your behalf.

**Faculty:** The below student has given you consent to write a letter of recommendation on his/her behalf. You should keep this consent form for at least one year.

**STUDENT CONSENT**

I, \_\_\_\_\_, hereby authorize Carnegie Mellon University and others acting on behalf of Carnegie Mellon University, to release \_\_\_\_\_ [for the purpose of \_\_\_\_\_] [in connection with \_\_\_\_\_], any information or documents relating to my current or former status as a student at the university (in the \_\_\_\_\_ Department/Program), including but not limited to any information which may be deemed to be personally identifiable information from my student education records pursuant to the Family Educational Rights and Privacy Act of 1974 or which may otherwise be protected under other applicable privacy laws.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_