WAIVER TO RELEASE EDUCATIONAL RECORDS*

I, _____, hereby authorize the
[print student's name]

_____ of the University of Pittsburgh to release my
[insert school or department name here]

educational record information to:

_____

[print name(s) of authorized recipient(s)]

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the person(s)/organization(s) specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.

I further understand that I do not have to consent to this disclosure and that I may revoke the authorization by sending a written revocation of this authorization to the University of Pittsburgh's _____.

[insert school or department name here]

I understand that any revocation of authority hereunder would only govern subsequent releases and only be valid from the time of the _____

[insert school's or department's name here]

 actual receipt of a written notice.

_____   _____
[date]   [student signature]

Student System ID Number _____

OFFICE USE ONLY_____

Action Taken:	By Whom:	Date:

*NOTE: A copy of this waiver or its revocation <u>must</u> be forwarded to the Office of the University Registrar or Regional Campus Registrar upon receipt, for inclusion in the online student information system.