



School of Medicine
Council on Evaluation

FERPA RELEASE FORM

I, _____, give UMKC and its representatives, permission to release any and all records related to my enrollment including my academic and financial records, to the witness(s) listed below. I understand that this permission includes verbal and printed release of the information and remains in effect for up to 90 days. UMKC employees who have a legitimate educational interest in the information, which may include but are not limited to academic and disciplinary proceedings, do not need to be listed since the Family Educational Rights and Privacy Act (FERPA) already provides them with access to my records.

Student Signature

Date

Witness

Witness

Witness

Witness

UNIVERSITY OF MISSOURI-KANSAS CITY

2411 Holmes Street • Kansas City, MO 64108-2792 • p 816 235-1862 or 816 235-1861 • f 816 235-6579

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