



EDUCATION RECORDS – CONSENT AND RELEASE FORM

I _____, the undersigned, hereby authorize _____ University/ College to release or any portion of my educational records (including, but not limited to, my grades, attendance records, records of disciplinary action and financial information) when requested to the Consulate General of the State of Qatar in Hong Kong.

I understand that the Department of Education’s Family Educational Rights and Privacy Act (FERPA), prohibits the University, with limited exceptions, from disclosing my educational records to a third party without my written consent.

I understand that I may respect a complete copy of all my records that are disclosed. I understand that this consent shall remain in effect until revoked by me in writing. A photocopy of this consent may be used in the same manner and with the same effect as the original documents.

Student Name: _____

Student University/College ID: _____

Date of Birth: _____

Student Contact Number: _____

Email Address: _____

Qatari ID (If any): _____

Student Signature: _____ Date: _____