

**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 must be forwarded to the Office of the University Registrar or Regional Campus Registrar upon receipt, for inclusion in the online student information system.