



**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
EQUAL OPPORTUNITY AND COMPLIANCE OFFICE**

**CONSENT FOR RELEASE OF INFORMATION FROM STUDENT EDUCATION RECORDS**

I, \_\_\_\_\_ (Student Name), \_\_\_\_\_ (PID Number),  
hereby authorize the Equal Opportunity and Compliance Office of The University of North Carolina at  
Chapel Hill to release the following types of information and records maintained by the Equal Opportunity  
and Compliance Office:

\_\_\_\_\_  
\_\_\_\_\_

to the person(s) listed below:

\_\_\_\_\_  
Name of person(s) to receive information

\_\_\_\_\_  
Address of person(s) to receive information

The purpose of this disclosure is

\_\_\_\_\_  
\_\_\_\_\_.

This Consent shall remain in effect until revoked. I may revoke this Consent at any time, in writing, directed to the Equal Opportunity and Compliance Office or the appropriate authority. I understand that any revocation of this Consent has only prospective effect and that this Consent cannot be withdrawn retroactively. A copy of this Consent shall have the same force and effect as the original. A record of this form and any revocation will be maintained at the Equal Opportunity and Compliance Office.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date