



**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 or other related University representatives 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 I understand that any revocation of this Consent has only prospective effect and that this Consent cannot be withdrawn retroactively.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