

FERPA Release Authorization for Health Professions Education Students

I _____, authorize Cleveland Clinic to disclose the following education records:

- Transcript, including grades and courses taken
- Test/exam scores
- Courses taken
- Attendance records
- Disciplinary records
- Medical and health records created and collected by Cleveland Clinic and/or academic institution
- All records
- Other: _____

to the following named individuals or entities:

for the following purpose:

- Household/parental/legal guardian communications about academic/training performance
- Employment
- Admission to another academic or training institution
- Other: _____

beginning on the date of: _____

ending on the date of: _____

OR

until revoked by me

Student Name: _____ **Date:** _____

Student Signature: _____

This form must be completed prior to release of student information beyond directory information as allowed by FERPA, including verbal, physical, and electronic forms of communication.