



EDUCATION RECORDS  
CONSENT AND RELEASE FORM

I....., the undersigned, hereby authorize.....  
University/ College to release all 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 New York.

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 third party without my written consent.

I understand that I may request 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:

MM	DD	YY

SSN: -----

Nationality : -----

Student Contact Number: -----

Email Address: -----

Student Signature: ----- Date: -----