



CONSENT TO RELEASE RECORDS

Professional & Continuing Education Registration
4311 11th Ave. NE, Seattle, WA 98105

I, *(student name)* _____, hereby give my consent to the University of Washington
to release my *(specify records to be released)* _____
to *(specific party or class of parties to receive records)* _____
for the purpose of *(state exact purpose of release)* _____
_____.

(Check one)

- ☐ I **do** request that the University of Washington provide me with a copy of the records released pursuant to this consent.
- ☐ I **do not** request that the University of Washington provide me with a copy of the records released pursuant to this consent.

I understand that the University of Washington will provide the records cited above only with the condition that the receiving party or parties may not disclose the information, other than directory information, to other parties without my further consent, unless such other parties are otherwise eligible under federal law to receive the records. I further understand that any statements that I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

Signature of Student _____ Date _____