

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
CONSENT FOR RELEASE OF INFORMATION FROM EDUCATION RECORDS

I, _____, hereby authorize _____
at The University of North Carolina at Chapel Hill (“UNC-Chapel Hill” or “University”) to
release information from my education records to _____.

Specifically, I consent to the preparation of a recommendation that contains information from my
education records that includes but is not limited to information regarding my academic
performance, any disciplinary history, and my current enrollment status at UNC-Chapel Hill.
The purpose of this Consent is to enable UNC-Chapel Hill faculty members to prepare a
recommendation pursuant to my request.

I hereby release, hold harmless, and forever discharge the University, its trustees, employees, and
agents, from any and all liability, claims, demands, actions, and causes of action whatsoever
arising out of or related to the preparation of a recommendation from UNC-Chapel Hill.

This Consent shall remain in effect until revoked. A copy of this Consent shall have the same
force and effect as the original.

Signature of Student

Date