

Student Consent to Disclose Student Information

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to allow access or disclosure of their educational record. Please note that while this form authorizes Weill Cornell Medicine – Qatar (WCM-Q) to release information to the parties specified in this form, it does not obligate WCM-Q to do so. WCM-Q reserves the right to review and respond to requests for disclosure of education records on a case-by-case basis.

By signing this form below, I consent for the appropriate record custodian at WCM-Q to release the following information from my education records to the following parties, as designated below:

1. Records to be released:

(Please specify records or types of records)

2. For the following reason(s):

(Please specify the reason(s))

3. The records may be released to:

(Name and contact details of person(s) / organization to receive or be given access to information)

I understand that this authorization remains in effect until _____ or until I submit a written notice to revoke it.

I understand that:

- a. I have the right not to consent to the release of my education records,*
- b. I have a right to inspect any written records released pursuant to this consent, and*
- c. I have a right to revoke this consent at any time by delivering a written revocation to WCM-Q.*

Student Name: _____

Student CWID: _____

Class of: _____

Student Signature: _____

Signature Date: _____

