

## CONSENT

In accordance with the Family Education Rights and Privacy Act of 1974, the University of North Carolina at Chapel Hill requires this instrument of consent from the student or alumnus requesting release of information from the Dean's office of the School of Medicine of the University of North Carolina.

I \_\_\_\_\_ hereby request and consent to release of the following:  
(please print)

- \_\_\_\_\_ Certification of enrollment and good standing
- \_\_\_\_\_ Certification of expected graduation
- \_\_\_\_\_ Certification of graduation
- \_\_\_\_\_ Picture Certification
- \_\_\_\_\_ Transcript
  - \_\_\_\_\_ Official
  - \_\_\_\_\_ Copy for own use
- \_\_\_\_\_ Other (please describe under purpose)

Name and address to which the information is to be mailed:

Need Request:

\_\_\_\_\_ Mailed by (date) \_\_\_\_\_

\_\_\_\_\_ Picked up (date) \_\_\_\_\_

Purpose:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Class of \_\_\_\_\_

ID # \_\_\_\_\_

Telephone Day \_\_\_\_\_

Evening \_\_\_\_\_

\_\_\_\_\_ I waive the right to received a copy of the information released