

**FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT OF 1974**  
**FERPA CONSENT TO RELEASE STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ (Please Print Name)

CWID: \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE: Immunizations, background check, and/or drug screening documentation and information to clinical sites, when required by site.**

In accordance with FERPA, Loyola University New Orleans will disclose to clinical sites information from the immunizations, background check, and drug screening records of student, provided the University has on file written consent of the student. Please sign below and UPLOAD document to EXXAT indicating you give your consent for the University to release this information to your clinical site.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_