



## STUDENT AUTHORIZATION TO RELEASE EDUCATION RECORD FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print)

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my student education records and that the Johns Hopkins University may only release these records to third parties with my prior written consent or as otherwise permitted by law. Intending to waive my right of confidentiality, I consent and direct the Johns Hopkins University to release information from my education records to the following person/agency:

**Urban Teachers**  
**1800 Washington Boulevard, Suite 411**  
**Baltimore, MD 21230**

I, the undersigned, further authorize the above-named recipient, Urban Teachers, to re-disclose my educational records to its assigned school district partners and personnel for non-commercial business purposes as necessary and consistent with the Urban Teachers Program.

I, the undersigned, hereby authorize the Johns Hopkins University to release the following educational records and information:

1. Records and information relating to grades, course performance, attendance, disciplinary proceedings, tuition and fees, schedules and financial aid.
2. Records and information relating to coaching, observation, feedback and evaluation.

These records are being released for the purpose stated below:

1. For reviewing and evaluating my performance in the Urban Teachers program.
2. To improve my experience and improve the program.
3. To conduct studies about what makes a teacher preparation program successful.

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures previously made by the Johns Hopkins University prior to the receipt of any such written revocation.

By signing below, I hereby authorize the Johns Hopkins University to release my education record information as specified above. Further, I agree to release, indemnify, and hold harmless the Johns Hopkins University, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the University's compliance, or any attempts to comply, with this authorization.

Student's Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_