

WRITTEN CONSENT FOR RELEASE OF STUDENT INFORMATION

Name of Student: _____

Name of Individual(s) Authorized to Receive Information (Oftentimes the Parent/Guardian):

Authorization

I, the student listed above, hereby consent to the disclosure of education records, personally identifiable information, and other student information held by Noble Academy. This consent extends to any academic records, performance measures, observations, notes, and progress reports pertaining in any way to my transition into higher education and/or my current or prior academic performance, social/emotional health, and learning challenges/styles. I explicitly authorize any employee or representative of Noble Academy to discuss my transition into higher education with the individuals listed above, regardless of whether I am present for such discussions. The purpose of this disclosure is to assist Noble Academy in providing college support services to me.

I understand that I have the right not to consent to the release of my education records, I have the right to inspect any written records released pursuant to this consent, and I have the right to revoke this consent at any time by delivering a written revocation to Noble Academy.

Signature of Student: _____

Date: _____