



Consent to Release Student Information

Student Information

Student ID: _____ Name: _____
Email: _____ Date of Birth: _____
Student Level: ☐ Undergraduate ☐ Undergraduate Professional ☐ Graduate ☐ Visiting Student

Consent to Release Information

I hereby give permission to Rice University to release the education records listed below and which pertain to me to the following person or entity.

Name: _____ Business: _____
Email: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Country: _____

Records or Information to be Released

Please indicate records or information to be released in the space provided below.

Purpose of Request

Please describe the purpose of the request.

If this consent is for a letter of recommendation, do you wish to waive your right to access/examine the letter? ☐ Yes
☐ No

Request for Approval (Student Signature)

I understand that I can revoke this release at any time by notifying the Ken Kennedy Institute in writing. (*Please Note: It takes 2-3 days to process this request*). The request will remain in effect until revoked in writing. By signing this form, I acknowledge that I have read the information on this form.

After completing and signing this form, it may be submitted through the WuFoo form. You may also email kenkennedy@rice.edu.

Student Signature: _____ Date: _____