

STUDENT AUTHORIZATION FOR RELEASE OF EDUCATION RECORD INFORMATION

STUDENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

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

MINUTE MAN SERVICES, INC. – 3905 ROCHESTER RD - ROYAL OAK, MI 48073
SECURE EMAIL: REQ@MM.SERVICES

I authorize _____ to share Education Records, as noted here, for the following purpose:

Description of records to be released: ANY/ALL RECORDS

THE RECORDS ARE BEING SOUGHT TO BE USED IN THE EVALUATION OF A PENDING LEGAL SUIT.

A photo static copy of this authorization shall serve in its stead.

THIS AUTHORIZATION IS VALID FOR _____ OR UNTIL THE CLOSE OF LITIGATION (WHICHEVER IS LATER), BUT MAY BE REVOKED UPON WRITTEN REQUEST TO: MINUTE MAN SERVICES, INC. - 3905 ROCHESTER RD - ROYAL OAK, MI 48073, AND/OR FACILITY LISTED ABOVE.

By signing below, I hereby authorize _____ to release my Education Record information as specified above. Further, I agree to release, indemnify, and hold harmless _____, 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: _____ Phone #: _____