Authorization to Release Educational Information

Student Name: _____

Student ID: _____

Email: _____

Date of Delivery or Pregnancy-Related Event: _____

I, the undersigned student, authorize the Title IX & Inclusion office to release the following educational information to the professor(s) listed below for the purposes of supporting my academic progress and addressing related concerns:

[ ] Pregnancy Status and Needs

Professor(s):

_____

I understand that:

- This authorization is voluntary.
- I may revoke this authorization at any time in writing, but revocation will not affect disclosures made prior to its receipt.
- This authorization will remain in effect until one year from the pregnancy event (including childbirth, abortion, miscarriage, or other related event) unless revoked earlier.
- The information disclosed may be subject to re-disclosure by the recipient and may no longer be protected by FERPA.
- I should speak with my professors as soon as possible when I know I will need to make an adjustment due to pregnancy-related events/lactation.

Student Signature: _____ Date: _____