

College of Physicians and Surgeons
Columbia University

AUTHORIZATION FOR RELEASE
OF STUDENT EDUCATIONAL RECORD
INFORMATION

Student Name	UNI	Date
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- Consent for Full Access to Educational Records
- Consent for Limited Access to Educational Records
 - Admission Application
 - MSPE Letter
 - Course Evaluations

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- Unlimited Use: Authorization is effective until withdrawn in writing.
 - Limited Use: Authorization expires on _____.
 - One Time Use

Name of Individual Granted Access: _____

UNI of Individual Granted Access: _____

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- Remove Authorization:

Name of Individual: _____

UNI of Individual: _____

College of Physicians and Surgeons
Office of Student Affairs
104 Haven Avenue, Suite 1103
attn: Director of Student Services