



CHAPMAN
UNIVERSITY

FOWLER SCHOOL OF LAW

CONSENT TO DISCLOSE RECORDS TO A THIRD PARTY

I, _____, hereby
give my consent to have my following education records
disclosed to:

Specific Records to be disclosed:

Reason for disclosure:

Student Signature: _____ Date: _____

Chapman ID Number: _____

This consent form is required by the Family Education Rights and Privacy Act of 1974.