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.