

206 Student Services Center/Box 870134

Tuscaloosa, Alabama 35487-0134

Phone: 205-348-2020 FAX: 205-348-8187

***[www.registrar.ua.edu](http://www.registrar.ua.edu/)***

**FERPA RELEASE FORM FOR STUDENTS IN**

**DIETETIC INTERNSHIPS**

Pursuant to the “Family Education Rights and Privacy Act” of 1974 and The University of Alabama Policy on Confidentiality of Records governing disclosure of data from a student’s education record, I hereby authorize the release of any of my education records to the following individual(s) or agency(ies) as indicated below.

* Directors/employees of the ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietetic Internship
* Recommendations for employment or educational opportunities (i.e., admission to graduate school, reference letter, scholarships, etc.) by program faculty

I hereby authorize The University of Alabama to disclose my educational record to individuals or agencies listed above. I understand that I may revoke this authorization at any time, in writing, with the Office of the University Registrar, Room 206 Student Services Center.

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Student Signature Date

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Student Printed Name CWID