

FERPA CONSENT TO RELEASE STUDENT INFORMATION

No transcripts can be released without formal, written consent provided by the student. Completion of this form will authorize Hilbert College to ONLY request official transcripts from the institutions listed below on behalf of the student. Release of this information will be used solely for the purpose of admission consideration to Hilbert College. In order for this request can be processed, a completed application for admission must be on file. If you attended an institution with more than one campus, please indicate below (i.e. North Campus, Main Street Campus, etc.).

Student Last Name	Student First Name	MI	Former/Maiden Name
Date of Birth	Email	Phone	
	norize the following institute ou need to add more institu		ficial transcripts to Hilbert College. second form.**
College/University Name	City/State/Zip	Dates Attended	Degree Awarded (if any)
College/University Name	City/State/Zip	Dates Attended	Degree Awarded (if any)
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requester. I have a right to in Consent upon providing writ revocation is made, this cons	spect any written records releaten notice to the Office of Adn	sed pursuant to this Conissions at Hilbert Col my educational records	itten records, as preferred by the consent. I understand I may revoke this lege. I further understand that until this is will continue to be provided to the
E-Signature*	Date		

*By typing your signature above, you authorize Hilbert College to accept this e-signature as a representation of your written signature and formally consent to the request made above. If you decline to use the e-signature option, this form must be printed and physically signed for this release to be authorized.

Please return this completed form to the Undergraduate Admissions Office at Hilbert College:

Email admissions@hilbert.edu

Fax (716) 649-1152

Mail: Office of Undergraduate Admissions

Hilbert College

5200 South Park Avenue Hamburg, NY 14075