

Internship Information Release, FERPA Release, and Release of Liability

Student name: _____ **Student ID number:** _____

I, _____, hereby authorize the University of Alaska Anchorage Center for Community Engagement & Learning to provide information to agencies or organizations interested in sponsoring me as an intern.

I understand that this may include, but is not limited to, my grade point average, courses I have taken, grades received in courses, a copy of my transcript, date of birth, and drivers license number.

The information may be given in the following form(s): (check one or both spaces)

_____ written _____ oral

I authorize the Civic Engagement faculty to provide an evaluation of any aspect of my academic performance, whether based on personal observation or on my education records at UAA, and to release information from my education records, including my grades, GPA, class rank, any information pertaining to my education at other institutions I have previously attended, and any other personally identifiable information.

I authorize release of this information and reference or evaluation to: (check all applicable spaces)

___ all organizations considering me for an internship placement OR

___ specific organizations (list name and address on reverse side)

___ all prospective employers OR

___ specific employers (list name and address on reverse side)

I understand that under the Family Educational and Privacy Rights Act, 20 USC 1232g: (1) I have the right not to consent to the release of my education records; (2) I have the right to receive of copy of any written reference upon request; and (3) I may, but am not required to, waive my right of access to confidential references given for any of the purposes listed above.

_____ I waive my right of access to references given by the Civic Engagement faculty

_____ I do not waive my right of access to references given by the Civic Engagement faculty.

This consent shall remain in effect until revoked by me, in writing, and delivered to the above-named program office, but any such revocation shall not affect disclosures made prior to the person's receipt of my written revocation.

I release UAA, its employees and the person(s) providing the above described reference or evaluation from all claims and liability for damages that may result from their compliance with this request.

Student Signature

Date