Student Records Confidentiality Release Waiver

Student Information:

First name: ___________________________ Surname: ___________________________

UID: ________________________________ Date: __________/_______/____________

Month / Day / Year

Affirmation of Consent:

I, the undersigned, affirm with my signature that I waive my rights of confidentiality under the Buckley Amendment, (The Family Educational Rights and Privacy Act or 1974) and grant permission for both the Rochester Institute of Technology, (RIT) and A.U.K to share my academic, disciplinary, and financial records with the following individual ONLY. I understand that this form will be kept as a portion of my permanent record at AUK. I understand that if I choose to rescind consent, I may do so at any time but that it is my responsibility to request that the Academic Services office at AUK remove this form and all copies of it from my permanent record. Furthermore, I understand that once consent is granted, the authorized individual may request access to my records or the university may share information with this individual without prior notification and that the university is not required to notify me in such instances.

Recipient of Consent:

Surname: ___________________________

First name: __________________________________

Title (profession): ___________________________________________________

Phone: _____________________________ E-mail: _____________________________

Relationship:

☐ Parent or legal guardian
☐ Family member, non-guardian
☐ Employer
☐ Private individual providing financial support, non-relative
☐ Representative of an organization providing financial support
☐ Other

Student Signature and date: ___________________________ / ____

Academic Advisor signature and date: ___________________________ / ________

For further information regarding student records confidentiality policies for both the Rochester Institute of Technology, and the American University in Kosovo, please consult the following resources.

Shpetim Robaj N.N., Prishtinë 10 000, Kosovë
Tel: +381 (0)38 608 608; Fax: +381 (0)38 608 024
http://kosovo.rit.edu/