



# Cleveland State University

## McNair Scholars Program

### AUTHORIZATION FOR RELEASE OF INFORMATION

Date: \_\_\_\_\_

CSU ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize the appropriate offices at Cleveland State University to release to McNair Scholars Program records containing the following information,

**GPA, earned credits, citizenship, first-generation status, race, family's taxable income for the preceding year**

for the purpose of **determining my eligibility for the McNair Scholars Program**

Confidentiality of student education records is protected by the Family Educational Rights and Privacy Act (FERPA). To the extent it is applicable FERPA may protect the records being released pursuant to this request. Any person/facility receiving authorized information may not make further disclosure without the written consent of the person to whom it pertains.

I understand that I can revoke this authorization at any time by providing written notice to the person/facility whom I have designed to release the information. I understand also that any information released prior to revocation cannot be retrieved and neither the person/facility releasing, nor the person/facility receiving the information will be held responsible for such release.

I hereby release Cleveland State University, and its trustees, officers, employees and agents from any and all claims, demands, legal responsibilities or liability that may arise from or in connection with the authorized release of my records their in.

Release authorized by:

Witnessed by:

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date