WAIVER TO RELEASE EDUCATIONAL RECORDS*

I,	, hereby author	ize the
Pitt EXCEL Program [insert school or department educational record information	of the University of Pittsburgh to release on to:	e my
[print name(s) of authorized recipient(s)]		
I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the person(s)/organization(s) specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.		
I further understand that I do not have to consent to this disclosure and that I may revoke the authorization by sending a written revocation of this authorization to the University of Pittsburgh's Pitt EXCEL Program [insert school or department name here]		
I understand that any revocation of authority hereunder would only govern subsequent		
[insert school's or department's name here] actual receipt of a written notice.		
[date]	[student signature]	
Student System ID Number		
OFFICE USE ONLY		
Action Taken:	By Whom: Date:	
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*NOTE: A copy of this waiver or its revocation <u>must</u> be forwarded to the Office of the University Registrar or Regional Campus Registrar upon receipt, for inclusion in the online student information system.