



STUDENT ACADEMIC RELEASE FORM

As part of the Family Educational Rights and Privacy Act (FERPA) policy, information regarding your academic records may not be released without your consent.

As an IU MASTER OF PHYSICIAN ASSISTANT STUDIES student or graduate, I hereby grant permission to IU MPAS faculty and/or staff to disclose any academic records¹ (including transcript, GPA, preceptor evaluations, clinical year logs, etc.) and professionalism/disciplinary actions that are held on file by the IU MPAS program.

This agreement does not have an expiration date. To terminate this agreement, a written notice from you should be sent to IU MPAS by fax, mail, or email.

PLEASE SIGN AND DATE BELOW

Name (Please print):
(include maiden name)

Signature:

Date:

¹ This form does not apply to request for transcripts