



mcgoverneducation.com

**MCGOVERN EDUCATION GROUP**  
**FERPA RELEASE CONSENT**

Attention: \_\_\_\_\_  
(Enter name of university that will be accepting your academic records)

I authorize McGovern Education Group to submit my academic records on my behalf.

I grant McGovern Education Group access to my academic records, including all application materials, and all correspondence with the university listed above.

This information is to be released for the purpose of admission to the university listed above.

This consent form does not include medical records.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have the right to inspect any written records released pursuant to this Consent, including letters of recommendation. I understand I may revoke this Consent upon providing written notice to McGovern Education Group. I understand that until this revocation is made, this consent shall remain in effect and my education records will continue to be shared with McGovern Education Group for the specific purpose described above.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Student Email: \_\_\_\_\_

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