

Student Authorization Form

STUDENT INFORMATION

Student Last Name

Student First Name

BU ID

Project / Program / Course

I, the undersigned, hereby authorize Boston University to release information concerning my participation in the project, program or course identified above or related work to governmental authorities or regulators as necessary to meet the University's obligations under export control laws.

I understand further that (1) I have the right not to consent to the release of my education or financial records; (2) I have the right to receive a copy of such records upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, and delivered to Boston University, but that any such revocation shall not affect disclosures previously made by Boston University prior to the receipt of any such written revocation.

SIGNATURE

Student Name (printed)

Student Signature

Date

Parent/Guardian Name (printed)
If student is under 18

Parent/Guardian Name Signature
If student is under 18

Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.