AMERICAN EDUCATION IN KOSOVO

in partnership with

Month / Day / Year

ROCHESTER INSTITUTE OF TECHNOLOGY

A.U.K. / R.I.T. Global Programs Gërmia Campus, Dr. Shpëtim Robaj st. nn 10000 Prishtina, Republic of Kosovo

Student Records Confidentiality Release Waiver

Affirmation of Consent:

I, the undersigned, affirm with my signature that I waive my rights of confidentiality under the Buckley Amendment, (The Family Educational Rights and Privacy Act or 1974) and grant permission for both the Rochester Institute of Technology, (RIT) and A.U.K to share my academic, disciplinary, and financial records with the following individual ONLY. I understand that this form will be kept as a portion of my permanent record at AUK. I understand that if I choose to rescind consent, I may do so at any time but that it is my responsibility to request that the Academic Services office at AUK remove this form and all copies of it from my permanent record. Furthermore, I understand that once consent is granted, the authorized individual may request access to my records or the university may share information with this individual without prior notification and that the university is not required to notify me in such instances.

Recipient of Consent:

| Surname: | First name: |
|----------------------------|--|
| Title (profession): | |
| Phone: | E-mail: |
| Relationship: | |
| Parent or legal guardian | |
| ☐ Family member, non-gu | ardian |
| ☐ Employer | |
| ☐ Private individual provi | ding financial support, non-relative |
| Representative of an org | ganization providing financial support |
| Other | |
| ident Signature and date: | Academic Advisor signature and date: |
| | / |

For further information regarding student records confidentiality policies for both the Rochester Institute of Technology, and the American University in Kosovo, please consult the following resources.