

**AUTHORIZATION FOR RELEASE OF
EDUCATION RECORDS AND INFORMATION**

In accordance with, among other things, the Family Educational and Privacy Rights Act of 1974 as amended, 20 USC §1232g and implementing regulations at 34 CFR Part 99, which is popularly known as the "Buckley Amendment", I authorize Kansas City University of Medicine & Biosciences to disclose any and all information in my education records, including any and all academic, financial, personal and other records, regardless of whether any such record contains personally identifiable information, to Rockhurst University and I authorize Rockhurst University to disclose information in my education records, including any and all academic, financial, personal and other records, regardless of whether any such record contains personally identifiable information, to Kansas City University of Medicine & Biosciences.

Kansas City University of Medicine & Biosciences may release to Rockhurst University and Rockhurst University may release to the Kansas City University of Medicine & Biosciences information in my education records, including any and all academic, financial, personal and other records regardless of whether any such record contains personally identifiable information, at its discretion, in response to a request for release of information in person or by writing, telephone, email or any electronic media provided that the person requesting such information identifies himself or herself as or holds himself or herself out to be a member of Kansas City University of Medicine & Biosciences or the Rockhurst University faculty or administration.

I understand that any information released and transmitted by any electronic media, including without limitation telephone, email, computer disc or facsimile is not secure and may be accessed by persons without my knowledge or the knowledge of Kansas City University of Medicine & Biosciences or Rockhurst University or any of them and I release and waive any and all rights I may have against Kansas City University of Medicine & Biosciences or Rockhurst University or both of them for release of any information which I authorize to be released and transmitted.

This Authorization will remain in effect until revoked by me.

Student's Signature and Date: _____

Student's Printed Name: _____

Student's KCUMB Identification Number: _____

Revocation of Authority

I hereby revoke authorization for Kansas City University of Medicine & Biosciences to release education records and information to Rockhurst University or for Rockhurst University to release education records and information to Kansas City University of Medicine & Biosciences

Signed: _____

Student's KCUMB Identification Number: _____

Student's Rockhurst Identification Number: _____

Date: _____

A Copy of this Authorization must be submitted to Rockhurst with any application for Admission to the Masters of Business Administration in Health Care Leadership under the terms of the Memorandum of Agreement and any change thereto must be submitted to Rockhurst within three (3) business days of the change.