



LOWELL HOUSE
 HARVARD UNIVERSITY
 CAMBRIDGE, MASSACHUSETTS 02138

Release Form

To the Student: This form has two purposes: to give Lowell House Advising Committees access to your file, and to give them permission to release information from your file to outside parties. This release is provided pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (the “Buckley Amendment”).

I authorize the release of my educational records to:

- _____ Lowell House Pre-medical Committee
- _____ Lowell House Pre-law Committee
- _____ Lowell House Fellowships Committee
- _____ Other: _____

I authorize the above committees or individuals to release information from my educational records in connection with letters of recommendation for me to the following:

- _____ Graduate and professional schools
- _____ Fellowship or prize selection committees
- _____ Employers
- _____ Other: _____

This authorization will remain in effect until revoked by me in writing:

 Name (please print)

 Class

 Email

 Signature

 Date