

Carnegie Mellon UNIVERSITY REGISTRAR'S OFFICE

University Registrar's Office

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Each department should retain this original document. A copy of this document needs to be forwarded to Enrollment Services, WH A19 for reference.

Consent to Release Student Information for University Course Assessment

STUDENT CONSENT

As a graduate student in the _____, I will be teaching
Name of Degree Program

_____ during the _____ semester. It is my desire that the students enrolled in
Course Name

_____ evaluate my performance and complete university course assessments. It is also
Course Name

my desire that the full results of these assessments be made available to my Dean, Department Head and me, and that a summary of the same results be made available to the Carnegie Mellon University community, including students, faculty and staff, consistent with the university's practices for disclosing the results of university course assessment for faculty members generally.

Accordingly, subject to the limitations stated above, I hereby authorize Carnegie Mellon University, and those acting on its behalf, to release the results of the university course assessments and any information therein, including but not limited to any information which may be deemed to be personally identifiable information from my student education records pursuant to the Family Educational Rights and Privacy Act of 1974 or may otherwise be protected under other applicable privacy laws.

Graduate Student Signature: _____ Date: _____

Graduate Student Name (Print): _____ Department: _____