

I, the undersigned student or former student of The University of North Carolina at
Pembroke ("UNCP"), consent to the release by UNCP of my education records as
follows: Professional Project/Thesis

to the following person(s) (*print name(s) and address(es) of person(s) to whom
information is to be released*): Daniel G. Barbee, **Ph.D., MPA Director, University
of North Carolina at Pembroke, 1 University Drive, Pembroke, NC 28372**

The record shall be posted on the University website and in such other electronic forums
as may be convenient for current and potential student of UNCP's MPA program to view.

Purpose of the disclosure is as follows: to educate current students in the
types and styles of projects and to share the factual and research information contained
in your project/thesis.

This release shall be effective for 365 days from the date signed indicated below unless
and until I file a written revocation with the Registrar of UNCP. I understand that an
additional release may be required to release records of medical treatment. I
acknowledge that I am not required to provide my Social Security number but am being
requested to do so on a voluntary basis for identification purposes only.

(*print student name*)

Banner ID Number (*voluntary, for
Identification purposes only*)

Date signed