

FERPA CONSENT TO RELEASE STUDENT INFORMATION

To: _____
(Name of University Official and Department that will be releasing the educational records)

Please provide information from the educational records of _____ to:
(Name of Student requesting the release of educational records)

(Name(s) of person to whom the educational records will be released, and if appropriate the relationship to the student such as "parents" or "prospective employer" or "attorney")

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

The only type of information that is to be released under this consent is:

- ☐ Transcript
- ☐ Disciplinary Records
- ☐ Recommendations for Employment or Admission to Other Schools
- ☐ All Records
- ☐ Other (Specify) _____

The information is to be released for the following purpose:

- ☐ Family Communications About University Experience
- ☐ Employment
- ☐ Admission to an Educational Institution
- ☐ Other (Specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the University Official permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Name: _____ Signature: _____

Student ID: _____ Date: _____



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