



FERPA Consent to Release Student Information

Please provide information from the educational records of: _____

(Name of Student requesting the release of educational records)

to: _____

(Name/s of person to whom the educational records will be released and relationship)

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 communication about school 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 the 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 the Registrar's Office.

- I further request that until a revocation is made, this Consent remain in effect and my educational records continue to be provided to authorized party for the specific purpose described above.
- I request that this be a onetime disclosure, and no further information be provided to indicated party unless a new Consent be provided.

Student Name: _____
Signature: _____
Student ID Number: _____ Date: _____

Registrar: _____ Received: _____