

FERPA CONSENT TO RELEASE STUDENT INFORMATION

STUDENT ID: _____ PHONE NUMBER: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

THIS FORM MAY ONLY BE SUBMITTED BY THE STUDENT

Please provide information from my educational records to the following persons:

| Last Name | First Name | Relationship |
|-----------|------------|--------------|
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The only type of information that is to be released under this consent is:

(Please Indicate All Applicable Records)

- Transcripts
- Disciplinary Records
- Recommendations for Employment or Admission to Other Schools
- All Records
- Other (please specify below)

The information is to be released for the following purpose(s):

(Please Indicate All Applicable Records)

- Family Communications about University Experience
- Employment
- Admission to an Educational Institution
- Other (please specify below)

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 prospectively.

Student Signature

Date