CONSENT TO RELEASE of STUDENT INFORMATION

Pursuant to the Federal Educational Record Privacy Act (FERPA), I, the undersigned individual consents to the release of information from the education records of _____________________to:

____________________________________________________________________________________

[Name(s) and description of person or entity to whom the records are to be released, such as “parents” or “prospective employer” or “attorney”]

The records to be released are:

_____ My transcript
_____ Disciplinary records pertaining to me
_____ Financial Aid Records
_____ other (specify the records in detail):

______________________________________________________________________________

The purpose of the release is for the following purpose:

_____ family communications
_____ employment
_____ admission to an educational institution
_____ other: (Specify the purpose of the release. The University is required by FERPA to obtain the purpose for the release of any education records.)

______________________________________________________________________________

I understand the information may be released orally or in the form of copies. If copies are provided, I understand that the requestor will be charged for copies as provided by University policy.

I understand I may revoke this Consent upon providing written notice to the University Office or Individual to whom I provided this consent form, but that such revocation shall not apply to records already released pursuant to this consent.

______________________________________________  _________________________
Signature of Student  Date Signed

______________________________________________
Printed Name of Student  E#