



**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#