



FERPA Consent to Release Student Information

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

_____ (Name of person whom the student records will be released,
and if appropriate the relationship to the student such as "parent" or "friend")

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

____ transcript

____ disciplinary records

____ all records

____ financial records

____ 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 understand I may revoke this Consent upon providing written notice to (Name of the person written above as the University Officials permitted to release the records). I further understand that until this revocation is made, this consent shall remain in effect and my records will continue to be provided to (Name of the person whom the records will be released).

Full Name: _____

Signature: _____

Student ID Number: _____

Date: _____