

FERPA Consent to Release Student Information

TO: _____
[Name of university official and department that will be releasing the educational records]

Please provide information from the educational records of

[Name of student requesting release of educational records]

to: _____
*[Name(s) of person to whom the educational records will be released,
and if appropriate the relationship to the student such as "parents" or "prospective employer" or "attorney"]*

(**Note:** this consent does not cover medical records held solely by Student Health Services or the Counseling Center — contact those offices for consent forms.)

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 communications about university 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 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 upon providing written notice to the *person listed above as the university official permitted to release the educational records*. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the *person/people listed above to whom the educational records will be released* for the specific purpose described above.

Name (print) _____

Student ID Number _____ Date _____

Signature _____