

# 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 \_\_\_\_\_ to:  
(Name of Student requesting the release of educational records)

\_\_\_\_\_  
(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 [Name of 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 [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date: \_\_\_\_\_



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