FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: ________________________________________________________________
(Name of College Official and Department)

Please provide information from the educational records of __________________
[student’s name] to:

_________________________________ [name(s), and if appropriate the relationship
to the student such as “parents” or “prospective employer” or “attorney”]

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 college 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 prospectively.

Name (print)_____________________________________________________

Signature_______________________________________________________

Student ID Number_____________________________________________

Date_________________________________________________________