



**FERPA Consent to Release Student Information**

**Student Name (Please Print):** \_\_\_\_\_

**Social Security Number or University Identification Number:** \_\_\_\_\_

I give permission for the following person(s) to have access to all information concerning my academic performance, including but not limited to student records as defined in the Family Educational Rights and Privacy Act (FERPA), 20 USC 1232g. I understand the information may be released orally or in the form of copies of written records. All permission granted will stay in effect until revoked by me. I understand I may revoke this Consent at any time. I understand that any revocation of this Consent must be in writing.

PLEASE PRINT CLEARLY

Release to \_\_\_\_\_

Name

Relationship

Release to \_\_\_\_\_

Name

Relationship

Release to \_\_\_\_\_

Name

Relationship

Release to \_\_\_\_\_

Name

Relationship

\_\_\_\_\_  
**(Student Signature)**

\_\_\_\_\_  
**Date Signed**