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**FERPA CONSENT TO RELEASE STUDENT INFORMATION**

TO:

Kristen McManus, Ed.D., Deputy Registrar

Please provide information from the educational records of [Name of Student requesting the 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 Form (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 Kristen McManus, Ed.D., Deputy Registrar.

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] for the specific purpose described above.

Name (print)

Signature

Student ID Number

Date