

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 the release of educational records.

RECIPIENT:

Name(s) of Person/Entity to whom 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 below)

The information is to be released for the following purpose:

(i.e., family communications, employment, admission to educational institution, or specify other)

I understand the information may be released in the form of copies of written records only. I have a right to inspect all records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student has waived inspection rights). I understand I may revoke this Consent upon providing written notice to the University Official and Department listed above. I further understand that until revocation is made, this Consent shall remain in effect and my educational records will continue to be provided as requested by the Recipient for the specific purpose described herein.

Student Signature: _____

Printed Student Name: _____

Student CWID Number: _____ Date: _____