

## FERPA Consent to Release Student Information

**TO:** \_\_\_\_\_  
(Name of university representative and department)

**I hereby consent to disclosure of the following information about my education records:**

- ☐ Any information may be disclosed
- ☐ Financial aid information
- ☐ Homework assignments
- ☐ The right to communicate with professors, teacher's assistants, and disability services staff, etc.
- ☐ Grades
- ☐ Disciplinary actions
- ☐ Other: \_\_\_\_\_

**Educational information about me may be released to the following person(s):**

Name	Relationship
1	
2	
3	
4	

Additional names may be added on the back.

**The purpose of this consent is to:**

- ☐ Support disabilities services

**Additional Comments:**

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**This consent will expire:**

- ☐ When I graduate, or when I modify it (if sooner)
- ☐ On \_\_\_\_\_ (MM/DD/YYYY)

**Your Information:**

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

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

Student ID Number: \_\_\_\_\_

Date: \_\_\_\_\_