



CONSENT FOR RELEASE/DISCLOSURE

Date: _____

To: _____

From: _____

I _____ () request () authorize:

(Name of Student)

(Name of Person/Organization to release Information)

- To disclose: All Academic Records
 Grades/Transcript
 Financial Records
 Attendance
 Schedule
 Address and Phone Number
 Other: _____

For the Purpose of: _____

Effective Date of Consent

Date Consent Expires

I understand that my records are protected under the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation or parole) and that in any event this consent expires automatically as described above.

Student Signature

Date