



STUDENT CONSENT FOR RELEASE OF INFORMATION
STUDENT WITHDRAWAL OF CONSENT FOR RELEASE OF INFORMATION

Student Name (Please Print)

Student ID#

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, seeks to guarantee both a student's right of access to education records and the confidentiality of student information.

STUDENT CONSENT FOR RELEASE OF INFORMATION

I hereby give my consent for my parents, guardian or other third party, as named below, to have access to my education records. I understand that each individual will need to show a valid photo ID at the time of release to view my records.

Student's Signature

Date

[ ] One time only. This box must be checked if you wish this to cover a one-time only release.

Parent/Guardian/Third Party (Please Print)

1) \_\_\_\_\_

Name

Relationship

2) \_\_\_\_\_

Name

Relationship

3) \_\_\_\_\_

Name

Relationship

STUDENT WITHDRAWAL OF CONSENT FOR RELEASE OF INFORMATION

I hereby withdraw my consent for my parent, guardian or other third party as named above, to have access to my education records, effective immediately. If I wish to reinstate the consent for release of information, I understand that I will have to complete another form at that time.

Student's Signature

Date