

Delta State University

Consent to Release Academic Information

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, is a federal law designed to protect the privacy of student education records. However, there are instances when a parent, guardian, employer, or other interested party requests information from a faculty or staff member about a student. This form is to be used by students who wish to waive their rights of nondisclosure of the specified educational records and information under federal law only as to the person specifically listed below.

Student's Last name: _____ **First name:** _____ **Middle initial:** ____

Student ID number: _____ **Date of birth:** _____

I, the undersigned, hereby authorize Delta State University to release the following confidential educational records and information:

(provide detailed description of records/information to be disclosed)

to the person listed below:

Last name: _____ First name: _____ Middle initial: _____

Relationship to student: _____

For the purpose of: _____

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, delivered to Delta State University, but that any such revocation shall not affect disclosures previously made by Delta State University prior to the receipt of any such written revocation.

Student signature

Date

Submit a Hard-Copy with Original signature to:

Registrar

Kent Wyatt Hall 152

Cleveland, MS 38733