

**FERPA Consent to Release Student Information**

To: (Name of College 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] to: [Name(s) of person to whom the 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 the Student Health Office or the Student 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)

The information is to be released for the following purpose:

 Family communications about college experience

 Employment

 Admission to an educational institution

 Other (specify)

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the College Official permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Name (print) CWID Number

Signature Date