



Family Educational Rights and Privacy Act Authorization to Release Information

Please print:

Student Name: _____
Last First Middle

Address: _____
Street

City State Zip

Phone: [][]-[][]-[][][][] ext. [][][]

Student ID: [][][][][][][][][] Date of Birth: [][]-[][]-[][][][]
Month Day Year

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that Marshall University personnel may provide information from your education records as indicated below. You further acknowledge that: (1) You have the right not to consent to the release of your education records; and (2) this consent shall remain in effect until revoked by you, in writing, and delivered to Marshall University, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

I, the undersigned, authorize Marshall University to release the following educational records and/or any information contained therein:

Please identify specific records, types of records, or indicate "all records":

To Person/ Entity Receiving Records: _____

Address1: _____

Address2: _____

City, State: _____ Zip: _____ Phone: _____

Student Signature Date

STATE OF _____,
COUNTY OF _____, to wit:

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____ by _____.

My commission expires: _____.

Notary Public Signature

For Marshall University Use Only:

Received by _____ Date _____
If request made in person, Photo ID may be used in lieu of Notary. A copy of Photo ID must be attached to request.