

_____ 'S FERPA RELEASE

I, _____, authorize my _____ to work with me to help me understand, make, and communicate my own decisions regarding my education.

I intend for [name of person authorized] to be treated as I would be with respect to my rights regarding the use and disclosure of my education records and any personally identifiable information from my education records. This includes but is not limited to records related to my academic grades, credits earned and attempted, transcript, financial aid, accounting, registration, and disciplinary records. This release authority applies to any information governed by the Family Educational Rights and Privacy Act (FERPA), and to other applicable federal and state laws regarding my education records. Therefore, I authorize [name of person authorized] to provide, request, receive, and review educational records and information about me to and from any educational entity I attend.

I also give _____ the right and authority to attend education related meetings with me and talk to instructors, teachers, and administrators at my educational entity about me. I authorize any educational entity I attend to speak with _____ and to provide _____ with any educational records and information necessary to support me to make my decisions.

Name

Signature

Date

Email