

Last name: _____

First Name: _____

UID: _____



INSTITUTE OF
APPLIED AGRICULTURE

Authorization to Disclose Education Records

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, was designed to control the disclosure of student education records, to establish the rights of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate or misleading information.

In accordance with FERPA, I give permission to _____
(INSERT FACULTY/STAFF NAME) to disclose – either orally or in the form of copies of written records -- information to:

(INSERT NAME OF POTENTIAL EMPLOYER OR GRADUATE SCHOOL)

from my education record, based upon this written consent. My education record includes grades, academic progress, disciplinary actions, honors, awards, financial aid, billing and scholarship information.

By signing below, I explicitly grant consent to the above-named instructor to release my education records.

This authorization will remain in effect until I withdraw my consent in writing and submit it to the instructor.

Student Signature

_____, 20__
Date

Printed Name