



**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: \_\_\_\_\_

For Marshall University Use Only:

\_\_\_\_\_  
Notary Public Signature

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.