

FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: The Director of Registration and Enrollment at the JFK Muhlenberg Snyder Schools

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 Student Health Services. Contact Student Health Services for the form.

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

_____ financial records

_____ all records

_____ other (specify) _____

The information is to be released for the following purpose:

_____ family communications about university 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 _____, Director of Registration and Enrollment. 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) _____

Signature _____

Student ID Number _____

Date _____