

Authorization for Release of Student Education Information

Iowa State University

Pursuant to the Family Educational Rights and Privacy Act (FERPA), the Confidential Records Section of the Iowa Open Records Act, Iowa Code, Section 22.7 and Iowa State University policy, Iowa State University of Science and Technology does not release personally identifiable education records without the written permission of the student whose education records are involved. With this understanding, I desire to authorize the Iowa State University of Science and Technology to release my confidential student information to the below-named third party.

THEREFORE, I, _____, hereby authorize Iowa State
(name - please print)
University to disclose my education records, including the following specific records:

and to discuss materials and opinions concerning that information to the following third party:

Name: _____

Address: _____

Phone (optional): _____

I understand that:

1. Under the above mentioned Federal and State of Iowa laws, I have the right not to consent to the release of my educational records.
2. I have the right to inspect and view such records upon my request to Iowa State University of Science and Technology.
3. That this consent shall remain in effect until revoked by me, in writing, and delivered to Iowa State University, but that any such revocation shall not affect disclosures previously made by Iowa State University prior to the receipt of my written revocation.
4. A photocopy of this Form will be treated as an original signature by Iowa State University.

Student's Signature: _____ Date: _____

Student's Current Address: _____

Student's Phone: _____

Student's Identification No. _____

Student's E-mail Address: _____