



**FERRIS STATE UNIVERSITY**

**AUTHORIZATION TO DISCLOSE INFORMATION  
(Family Educational Rights and Privacy Act)**

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, provides for the confidentiality of student education records. Institutions may not disclose information about students nor permit inspection of their records without their permission unless such action is covered by certain exceptions as stipulated in the Act.

**THIS AUTHORIZATION MAY BE REVOKED AT ANY TIME.**

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

I, \_\_\_\_\_, allow Ferris State University Administrators, Faculty and Staff to speak with or release  
(name of student or parent)

records to \_\_\_\_\_ for the purpose of \_\_\_\_\_  
(name of individual to speak to or release records to)

\_\_\_\_\_  
(specific educational records and/or matters concerning status as a student or relationship with the University)

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing and delivered to Ferris State University, but that any such revocation shall not affect disclosure previously made by Ferris State University prior to the receipt of any such written revocation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature or Parent's if Student Under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (please print)

Please return this form to:  
\_\_\_\_\_