

**MICHIGAN STATE UNIVERSITY**  
**Family Educational Rights and Privacy Act**  
**FERPA Release**

Name of student \_\_\_\_\_ Student Number \_\_\_\_\_

DOB: \_\_\_\_\_

I hereby authorize Michigan State University to release the following educational records and information (identify records or types of records):

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To (provide name and address of person/agency to receive information):

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For the purpose of:

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I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to inspect such records upon request; (3) Michigan State University may deny the release of records to the person or agency listed above; and (4) that this consent shall remain in effect until revoked by me, in writing, and delivered to Michigan State University, but that any revocation shall not affect disclosures previously made by Michigan State University prior to the receipt of any such written revocation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

INFORMATION RELEASED PURSUANT TO THIS RELEASE IS SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THE INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR IS OTHERWISE PERMITTED BY SUCH REGULATIONS.