Permission to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits Utah State University from releasing certain personally identifiable information from a student's record to a third party (e.g. parent, spouse, etc.) without the student's explicit written consent. This form serves as written consent when properly completed.

Instructions: Complete this form with all applicable information. **DO NOT SIGN** this form until you are in the presence of an appropriate USU staff member or Notary Public. Appropriate USU staff members are in the following offices: Registrar's Office, Financial Aid Office, or the Office of Retention and First-Year Experience.

I, _____ , _____,
(Student Name) (Student 'A-Number')

give consent for the Office of the Registrar at Utah State University (or other university officials, such as an academic advisor) to disclose personally identifiable information concerning my educational record to the individual(s) listed below. These individuals also become eligible to act in my behalf. Releasable information includes, but is not limited to, the following: eligibility to register, coursework completed in prior terms, transcript and grades, academic standing, credit hours, class schedule, balance due, and financial aid information. Persons listed below also will be able to initiate enrollment for future terms.

I also understand that the individuals listed below who request information in person are REQUIRED to provide picture ID. By indicating an email address below, the Registrar's Office, an academic advisor, or other university officials may correspond via email.

Utah State University may release my information to the following individual(s):

Name:	Relationship:	Date of Birth: Month / Day / Year
Email Address:		Phone Number: ( ) -

Name:	Relationship:	Date of Birth: Month / Day / Year
Email Address:		Phone Number: ( ) -

Name:	Relationship:	Date of Birth: Month / Day / Year
Email Address:		Phone Number: ( ) -

- I Certify this request was signed voluntarily and I understand that it will be in effect until revoked in writing.

Student Signature: _____ **Date:** _____

- Witnessed by Registrar's Office, Financial Aid, or Retention Office Official

Witness Signature: _____ Date: _____ Office (circle one): RO FA RFY

Processed by: _____ Date: _____

NOTARY PUBLIC INFORMATION: If you are NOT completing this form in the presence of a Utah State University Official as constituted above, this form must be notarized. This ORIGINAL notarized form must be submitted to the Registrar's Office in order to be valid.

Notary Public: _____ State of: _____

My Commission Expires: _____ County of: _____

Today's Date: _____

Seal

This form may be mailed to:

Utah State University • Office of the Registrar • 1600 Old Main Hill • Logan, UT 84322-1600

03/2011