

FERPA CONSENT TO RELEASE STUDENT INFORMATION

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Please complete and sign this form to authorize release of your educational records.

Please provide information from the education records of:

Student's name – print

To: _____
Name(s) of requestor

Relationship to the student such as "parent," "spouse," "prospective employer," or "attorney"

Password/code (select an identifier to provide requestor) or agency or company Tax ID number of requestor

Note: This consent does not cover medical records held solely by Student Health Services or University Counseling Services. Contact those offices for consent forms.

Student Declaration:

I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I understand that this form remains in effect until otherwise revoked by me.

Student Name (**print**) _____

Student Signature _____

Student ID Number _____

Academic Year _____ Date _____

Submit this form via your VCU email to rar@vcu.edu.

