

Student Consent for Release of Non-Directory Information



PORTLAND STATE UNIVERSITY • P.O. BOX 751 • PORTLAND, OR 97207

The Portland State University Records Policy, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), requires the written consent of the student authorizing the disclosure of non-directory information from his or her record. The authorization must include: the specific information to be released; the party or class of parties to whom the information is to be released; the purpose of the release; the date; and the student's signature.

Please complete the following form and return it to the appropriate office.

1. STUDENT CONTACT INFORMATION

Name _____ Student ID _____

Address _____

City _____ State _____ Zip _____

2. TYPE OF RELEASE (check one):

- One-time only release of student records.
- Release of student records until revoked by me in writing and delivered to PSU.
(Note: If you have signed a confidentiality request for your directory information, you must submit a one-time only release for each release of information.)
- I wish to revoke the current release of information I have on record for the following person/institution (skip sections 3-6 and sign section 7 on back):

3. STUDENT RECORDS TO BE RELEASED (check all that apply):

- Enrollment Records – registration, and/or enrollment information.
- Billing/Student Account Information – billing statements, charges, payments and/or balances.
- Financial Aid Information – aid awards, disbursements, eligibility, and/or status.
- Grades – final term grades/GPA (note: does not include official transcripts)
- Student Course Schedule – current term schedule.
- All of the Above
- Other – please specify

(CONTINUED ON OTHER SIDE)

4. RELEASE RECORDS TO (specify person(s) or institution):

5. REASON FOR RELEASE OF RECORDS:

6. REQUIRED FERPA PASSWORD:

Information will be disclosed to the person(s) or institution(s) indicated above, only after they initiate a request and provide the FERPA password set up by the student. To set up the password, please indicate a word or code you wish to use below:

7. STUDENT SIGNATURE:

I understand that the information specified on this form is being released to a third party at my request, with the understanding that this party will not release it to any other parties. Portland State University is hereby released from all legal responsibility or liability for the release of the above-referenced information.

Student Signature

Date

**Portland State University is required to keep original signed consent forms.
Students are advised to keep a copy of this form with their records.**

Office Use Only: Name _____ Dept. _____ Date _____

Note: After entering the release information, send this form to the ARR department for filing.