



STUDENT CONSENT FORM TO RELEASE INFORMATION
Family Educational Rights and Privacy Act (FERPA) of 1974
20 USC § 1232g and 34 CFR § 99

Instructions to Student: Carefully read the information below. After completing the form, submit it to the Portland State University faculty/staff/office you authorized to release your information.

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, Portland State University must obtain written consent from a student before releasing the educational records of that student to a third party. Such written consent must be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or class of parties to whom release may be made.

I _____, _____ - _____ - _____
(Student's Name-Print) (Student ID #)

hereby give my written consent to _____
(PSU Faculty/Staff/Office)

to release my _____
(Specify records/information to be released)

to _____
(Identify the person(s) to whom release may be made)

for the purpose of _____
(State the purpose of the release)

I understand that my written consent will remain in effect until I notify the Portland State University employee/office named in this form, in writing, to cancel it.

I understand that the specific information referenced on this form is being released to a third party at my request with the understanding that s/he 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-mentioned information.

Student's Signature: _____ **Date:** _____

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

Receipt Date _____ Staff Initial _____