

# Grambling State University

## RELEASE OF INFORMATION CONSENT FORM

**Student:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Please check the option under which you, the student, request the Grambling State University Registrar's Office apply your FERPA rights in connection with your records:

\_\_\_\_\_ **I waive** my right to privacy and hereby authorize Grambling State University to release information to the following designated parties regarding (please check all that apply)

\_\_\_\_\_ my academic records      \_\_\_\_\_ my account transactions and balances

\_\_\_\_\_ financial aid records

**PIN 3 (4 alphanumeric characters)** \_ \_ \_ \_

The above indicated PIN # must be provided to all individuals listed below. When requesting information, they will be required to provide their name, their relationship to you, and the PIN# selected above.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ **I do not waive** my right to privacy, and do not authorize Grambling State University to release any directory, academic, accounting, or financial aid information. Under rights granted to me by the Family Educational Rights and Privacy Act, I request that directory information not be released without my prior consent. I understand that this notification is valid until such time that I provide written documentation to release directory information. I further understand that his form is not valid unless it is completed and returned to the Registrar's Office.

This authorization will remain in effect until such time as I revoke it in writing or initiate a new form.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**University Representative Signature**