

FERPA RELEASE FORM



Picture ID is required with this form.

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational record. While parents/guardians/spouses/ and others may have an interest in the student's record, access to or release of the educational record is only by written student consent. Students may choose to complete and submit this "FERPA Release Form" to CISP, Main Classroom 106 to allow access or release of their educational record.

STUDENT INFORMATION		
Last Name	First Name	Student ID #
Contact Phone #	Email Address	

GRANT INFORMATION ACCESS TO:	
	Sponsoring Agency/Embassy
Name	Relationship

INDICATE THE TYPE OF INFORMATION TO BE RELEASED BY CLEARLY INITIALING:		
	RECORD TYPE	*PURPOSE OF RELEASE
<input checked="" type="checkbox"/>	All Records	Communication and records release with Sponsoring Agency

Security Questions: Please provide answers to at least 3 of the following	
Your city of birth.	
Your high school mascot	
Name of your first car.	
Your father's middle name.	
Your first childhood friend.	

I hereby grant permission to the officials of Cleveland State University to provide copies of written records, permit inspection and review the contents of my education records, and/or to discuss my academic performance as identified above.

STUDENT SIGNATURE _____

DATE: _____

** Students will not be denied any educational services by refusing to provide consent*

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