

Michigan State University
Release of Information Authorization form

Student Name _____ **Student Number** _____

I hereby authorize Michigan State University to release the following educational record information:

to (provide name and address of person/agency to receive information): _____

for the purpose of: _____

I understand that I have the right not to consent to the release of my education records and I have the right to receive a copy of such records upon request.

Time limit (*consult with the department/office to determine the most appropriate option*):

_____ I understand this consent is in effect this one instance; once this request is fulfilled, the consent will be null and void.

_____ I understand this consent shall remain in effect until revoked by me, in writing, and delivered to Michigan State University. However, any revocation shall not affect disclosures previously made by Michigan State University prior to the receipt of any such written revocation.

Student's Signature

Date

Information released to a third party pursuant to this authorization is subject to the confidentiality provisions provided under the Family Educational Rights and Privacy Act (FERPA) and may not be made available to any other party without the written consent of the student.