FERPA Release of Student Information Consent Form

Indiana University School of Education may release protected student information as defined by the Family Education Right to Privacy Act (FERPA) 1977 amended in 1988 from my education records to the following agencies/individuals for the specific purposes identified:

Information may be released to (check all that apply):
1. _____ Other Universities
2. _____ Prospective employers
3. _____ Financial Sponsors
4. _____ Parents/Guardians (names) _____________________________________________
5. _____ School Corporations
6. _____ Other _______________________________________________________________

For the purposes of (check all that apply):
1. _____ Possible Admission to the University or authorized courses
2. _____ Potential Employment
3. _____ Financial sponsorship/scholarship
4. _____ General information
5. _____ Student teaching placement
6. _____ Statistical/curriculum research
7. _____ Other _______________________________________________________________

Information for release may include (check all that apply):
1. _____ Academic record information (courses, grades, GPA, etc.)
2. _____ Letters of Recommendation
3. _____ Academic progress information
4. _____ Letters of financial sponsors
5. _____ Resume information (work experience, activities, etc.)
6. _____ Student teaching evaluation
7. _____ Field/School Placement
8. _____ Other _______________________________________________________________

The affixed signatures signify an agreement between Indiana University School of Education and the student identified below to release the FERPA protected information identified above. As the student, I understand that any future changes to this release or its governance are my responsibility and that this release will be in effect until I officially rescind it in writing with the School of Education.

I.U. School of Education Representative: ___________________________________________

School of Education Student: (Print) ________________________________________________

(Signature) ____________________________________________________________

(University ID) __________________________________ Date: _____ / _____ / _____