Authorization to Release Information to a Third Party Iowa State University

Name of Student (Last, First, M.	I): Date:	Univer	sity ID:	
The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without the student's written consent, except under limited circumstances. Students may choose to allow the release of their education records to specified third parties by completing this form. All the below sections must be completed and the student must sign and date this form. Please note that while this form authorizes an Iowa State University official to release education records to a third party, it does not obligate the school official to do so. Iowa State University reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information regarding FERPA, please visit http://www.registrar.iastate.edu/policies				
SECTION A. Name of school official that can release or discuss education records				
Name				
SECTION B. Person(s)/Organization/Agency to whom school official can release or discuss education records				
Name(s) Email				
Address		Phone	Phone	
Relationship to the Student				
SECTION C. Purpose of release (check one)				
☐ Family Communication ☐ Admission to an Educational Institution			ntional Institution	
☐ Employment		Other (please specify)	Other (please specify)	
SECTION D. Education records to be released (check all that apply)				
Personally Identifiable	Academic Information	Financial Information	Disciplinary Information	
Information	☐ Grades	☐ Scholarships	☐ Student Code of Conduct	
☐ Demographic information	□ GPA	☐ Grants	proceedings	
☐ Personal address	☐ Academic progress	☐ Financial-aid status	☐ Title IX proceedings	
☐ Email☐ Phone number	☐ Class schedule	☐ Billing/payment history	☐ Disciplinary sanctions☐ Other (please specify)	
☐ University ID number	☐ Registration☐ Enrollment status	Balances	Unter (please specify)	
☐ Other (please specify)	☐ Other (please specify)	U Other (please specify)		
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SECTION E. Duration of release (check one)				
One time release: This authorization is valid for a one-time release only(date)				
Limited release: This release will remain in effect until (date)				
Unlimited release: This release will remain in effect unless I revoke authorization in writing.				
I hereby grant an Iowa State University official permission to disclose the above noted information to the person(s)/organization/agency listed above. I understand that this form authorizes an Iowa State University official to disclose personally identifiable information from my educational record to this third party and I release this individual from any liability for acting in accordance herewith. I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time with a written revocation.				
Student's signature]	Date		

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person whom it pertains, or as otherwise permitted by such regulations.