**CONSENT TO DISCLOSE RECORDS**
**Arkansas State University**

Arkansas State University maintains compliance with the *Family Educational Rights and Privacy Act* (FERPA-20 U.S.C. Sections 1232G; and implementing regulations, 34 C.F.R. Section 99.1 et seg). As required by federal law, ASU provides students with the right to prevent disclosures of education records to third parties with certain limited exceptions. This protection involves obtaining written consent of a student before releasing personally identifiable data about the student from records, unless release of records falls within exceptions permitted in the provisions of FERPA and University policy which allow disclosure without prior written consent.

## AUTHORIZATION TO DISCLOSE INFORMATION

(Please Print Except Where Noted)

I, _____, _____
(Name) (Student ID Number)

To (Person(s) or Organization):_____

_____

_____

Address To Be Released To (If Applicable):_____

_____

Phone Number (With Area Code): (_____) _____

For the Purposes of:_____

Date of Consent: _____ Signature: _____

Authorization Expires (Date): _____