

FERPA RELEASE
GRAND VALLEY STATE UNIVERSITY
ALLENDALE, MI

Name of Student: _____

Student I.D. Number: _____

I, the undersigned, hereby authorize GVSU to release the following educational records and information:

(Put the type of information you would cover, transcript, degree path, etc with as much detail as you can.)

To: _____

For the purpose of: (here you can say for discussion with my parents and/or legal guardians about opportunities for me to pursue an advanced degree or something like that)

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to GVSU, but that any such revocation shall not affect disclosures previously made by GVSU prior to the receipt of any such 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 TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.