



**Permission to Release Non-Public Information**

The Family and Educational Rights and Privacy Act of 1974 (as amended in December 1974) provides that the release of education records (or personally identifiable information therein, except for public directory information) without the written consent of the student will not be made.

In order that GVSU may comply with the law, please provide the information requested below and sign this request form.

Name: \_\_\_\_\_ Student G#: \_\_\_\_\_  
First Middle Last

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ City State ZIP Code

Date of Birth: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Please specify what information you would like released. **Note:** if you are requesting enrollment verification, please include the semester(s) you need verified.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Person to receive information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ OR Fax Number: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_