

# FERPA CONSENT TO RELEASE STUDENT INFORMATION

**The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Please complete and sign this form to authorize release of your educational records.**

Please provide information from the education records of:

\_\_\_\_\_  
Student's name – print

To: \_\_\_\_\_  
Name(s) of requestor

\_\_\_\_\_  
Relationship to the student such as "parent," "spouse," "prospective employer," or "attorney"

\_\_\_\_\_  
Password/code (select an identifier to provide requestor) or agency or company Tax ID number of requestor

**Note: This consent does not cover medical records held solely by Student Health Services or University Counseling Services. Contact those offices for consent forms.**

Student Declaration:

I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I understand that this form remains in effect until otherwise revoked by me.

Student Name (**print**) \_\_\_\_\_

Student Signature \_\_\_\_\_

Student ID Number \_\_\_\_\_

Academic Year \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature \_\_\_\_\_

Form must be notarized if not delivered in person by student.

Virginia Commonwealth University  
Office of Financial Aid • Box 843026 • Richmond, VA 23284  
Office of Records and Registration • Box 842520 • Richmond, VA 23284  
Student Accounting Department • Box 843036 • Richmond, VA 23284

