

OFFICE OF THE UNIVERSITY REGISTRAR

118 College Drive #5006 | Hattiesburg, MS 39406-001

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CONSENT TO RELEASE of STUDENT INFORMATION

NAME OF STUDENT REQUESTING RELEASE OF EDUCATIONAL RECORDS

Print Name		Empl. ID (e.g. w123456)	Date of Birth
Pursuant to the Federal Educational Record Priva information to the following individual/entity:	acy Act (FERPA), I, the un	ndersigned individual, conse	nt to the release of
INFORMATION ON THIRD PARTY RECEIV	VING RECORDS		
Name(s) of person or entity	Description of	of the person/entity (e.g. attor	rney, employer, etc.)
TYPE OF RECORDS BEING RELEASED			
The records to be released are:			
My transcript			
disciplinary records pertaining to me			
recommendations for employment or adm	ission to other schools		
Financial Aid Records			
other (specify the records in detail):			
PURPOSE OF RECORD RELEASE (The Univ	versity is required by FE	RPA to obtain the purpose	for the release of anv
education records.)		r r	
The purpose of the release is for the following pur	pose:		
family communications			
employment			
admission to an educational institution			
other: (Specify the purpose of the release.)			
I understand the information may be released ora will be charged for copies as provided by Univer Consent (except for parents' financial records and I understand I may revoke this Consent upon proconsent form, but that such revocation shall not a until this revocation is made, this consent shall reperson listed above to whom the educational records.	rsity policy. I have a right d certain letters of recomn oviding written notice to the apply to records already re emain in effect, and my ed	to inspect any written record nendation for which the stud- ne University Office or Indiveleased pursuant to this consecutional records will continuous	Is released pursuant to this ent waived inspection rights idual to whom I provided the ent. I further understand that nue to be provided to the
Student Signature		<u> </u>	Date Signed
	NOTICES:		
This consent cannot be used for the release of stu Counseling Center. The University is not responsible pursuant to this consent.	ident treatment records ma		
-	FOR UNIVERSITY USE	ONLY:	
Individual & Office/Department Receiving Form	Data Form Dami	tted to Registrar's office	
marviduai & Office/Department Receiving Politi	Date Porni Kenn	ned to Registral s Utilice	
Student identity verified by: Photo ID Passwo	rd or sensitive information from reco	rds	
Other (specify):	mornation from reco	-	