



THE UNIVERSITY OF SOUTHERN MISSISSIPPI

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 Privacy Act (FERPA), I, the undersigned individual, consent to the release of information to the following individual/entity:

INFORMATION ON THIRD PARTY RECEIVING RECORDS

Name(s) of person or entity Description of the person/entity (e.g. attorney, employer, etc.)

TYPE OF RECORDS BEING RELEASED

The records to be released are:

- My transcript
disciplinary records pertaining to me
recommendations for employment or admission to other schools
Financial Aid Records
other (specify the records in detail):

PURPOSE OF RECORD RELEASE (The University is required by FERPA to obtain the purpose for the release of any education records.)

The purpose of the release is for the following purpose:

- family communications
employment
admission to an educational institution
other: (Specify the purpose of the release.)

I understand the information may be released orally or in the form of copies. If copies are provided, I understand that the requestor will be charged for copies as provided by University policy. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to the University Office or Individual to whom I provided this consent form, but that such revocation shall not apply to records already released pursuant to this consent. I further understand that until this revocation is made, this consent shall remain in effect, and my educational records will continue to be provided to the person listed above to whom the educational records will be released for the specific purpose described above.

Student Signature Date Signed

NOTICES:

This consent cannot be used for the release of student treatment records maintained by the University Student Health Center or Counseling Center. The University is not responsible for subsequent uses or disclosures of records once they are released pursuant to this consent.

FOR UNIVERSITY USE ONLY:

Individual & Office/Department Receiving Form Date Form Remitted to Registrar's office

Student identity verified by: Photo ID Password or sensitive information from records Other (specify):