



Family Education Rights and Privacy Act (FERPA) Release Form

Office of Graduate Studies

STUDENT INFORMATION (A copy of your ID must be attached to this form) Form Must be Typed:

_____ Last Name	_____ First Name	_____ Student ID Number
_____ Phone Number	_____ Email Address	

DISCLOSURE:

The Family Educational Rights and Privacy Act of 1974 (FERPA) provides for the confidentiality of student educational records. Alcorn State University may neither disclose certain educational information concerning students nor permit inspection of student educational records without the written permission of the student unless such actions are covered by certain exceptions as stipulated by FERPA.

This request is made in compliance with the Family Education Rights and Privacy Act (20 U.S.C.A. Sec. 1232G). This release/disclosure is hereby authorized for the following individual(s).

_____ Name	_____ Relationship to student
_____ Name	_____ Relationship to student

Check (✓) All Types of Education Information to Release:

Check (✓)	Name	Description
<input type="checkbox"/>	Admission	Inquire about submission of admission documents to complete credential file, admission process and status
<input type="checkbox"/>	Academic Status	Academic grades earned in courses during the course of the semester, repeat of courses with deficient grades, discuss academic performance, academic probation, appeal process, enrollment, registration
<input type="checkbox"/>	General Information	Pick-up requested written records, inspect and review contents of education records
<input type="checkbox"/>	All Records	All records/information listed above
<input type="checkbox"/>	Cancellation of Release	Cancel authorization for release of information to names listed above

I hereby release Alcorn State University from any and all liability for release of the above named information/records. I understand I may cancel this release at any time by submitting another FERPA form to Graduate Studies. I understand access to this information does not grant others permission to alter the student's record or conduct business on the student's behalf. Changes to the student enrollment or academic record must be made by the student. This release will remain in effect until the student provides written revocation of consent.

_____ Student Signature	_____ Date
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Identify of Requestor Verified Via: Driver's License Student ID Other, (Specify) _____

_____ Graduate Office: Processed by	_____ Date Received	_____ Date entered in BDMS
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Mail form to: Graduate Studies, Walter Washington Administration Bldg., 1000 ASU Drive #689, Lorman, Mississippi 39096 or email to graduatestudies@alcorn.edu