

SOUTH DAKOTA STATE UNIVERSITY

Authorization to Release Student Information

The non-directory student education records and personally identifiable information contained therein and maintained by South Dakota State University is confidential and protected by the Family Educational Rights & Privacy Act (hereinafter, "FERPA"). (20 U.S.C. 1232(g); 34 CFR Part 99).

The University cannot release confidential information subject to FERPA to a third party without your written consent or pursuant to lawful exception. This form will allow the University to release specific educational records information about you.

This form may not be used for the purpose of releasing employment, medical, or other records subject to laws other than FERPA.

I hereby authorize the release of my confidential educational records by the office of _____ at South Dakota State University, including (describe records):

To: Name _____
Address _____
Phone _____
Email _____

For the purpose of: _____

I understand this authorization will remain in effect until the time I request in writing to rescind this authorization. To cancel this authorization, send a written notice to the office requested to release the records at South Dakota State University. I understand I can revoke or amend my authorization prospectively at any time by my written signed request.

Student Signature

Date

Student Printed Name

Student ID #

Email

Telephone

Verified by University Official: _____ Date _____
Title: _____

Retain form in Department along with record of records released.