



# Office of the Registrar

Phone: (812) 237-2020

Fax: (812) 237-8039

## FERPA Records Release Form

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA limits release of student record information without the student's express written consent. If you wish to authorize Indiana State University ("ISU") to release information to either yourself or third parties, the following form may be used. Students under the age of 18 must obtain a signature from their parent/guardian.

Please upload this completed form at indstate.edu/secureupload. You may also return it to: Office of the Registrar, Parsons Hall, Room 009, Indiana State University, Terre Haute, IN 47809 or Fax it to: 812-237-8039.

### Student Information:

_____	_____	_____	_____	
Last Name	First Name	Middle Name	University ID# (XXX-XXX-XXX)	
_____		_____	_____	_____
Street Address		City	State	Zip Code
				Phone Number

### Records sent to:

\_\_\_\_\_  
Name and address of recipient (e.g. parent, self, prospective employer, etc.)

### The only type of information that is to be released under this consent is:

- Academic (e.g. grades, class schedule, transcript)
- Student account and billing (e.g. amount due on a bill)
- Financial aid (e.g. scholarship or loan amounts)
- Disciplinary
- All records
- Other (specify) \_\_\_\_\_

### The information is to be released for the following purpose:

- Family communications about university experience
- Employment
- Admission to an educational institution
- Personal review
- Other (specify): \_\_\_\_\_

**I authorize ISU to release the information specified above to myself or the third party listed above. I understand and agree that: (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) This consent shall only be valid for this particular request. Further requests will require additional consent.**

Send me a copy of the documents requested

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if student is younger than 18)

\_\_\_\_\_  
Date