

STUDENT CONSENT FOR RELEASE OF EDUCATION RECORDS
THE UNIVERSITY OF SOUTHERN MISSISSIPPI
OFFICE OF THE REGISTRAR / BUSINESS OFFICE / OFFICE OF FINANCIAL AID

Name of Student (Last, First, Middle Initial): _____	Student ID or SSN: _____	Date: _____
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar/Business Office/or Office of Financial Aid allowing the release of their education records to specified third parties. For additional information, visit USM's FERPA Information page at <http://www.usm.edu/registrar/ferpa-student-privacy> or the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html. This form is applicable to students who are at least 18 years old but who wish to release information to the person(s) listed below.

SECTION A. Education Records to be released (check all that apply):
<input type="checkbox"/> Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status)
<input type="checkbox"/> Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)
<input type="checkbox"/> Loan Information (University-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)
<input type="checkbox"/> Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)
<input type="checkbox"/> All Records Listed Above
<input type="checkbox"/> Others (please specify): _____

SECTION B. Person(s) to whom access to education records may be provided:
Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary) _____
Address(es) of person(s) to whom access to records may be provided _____ Relationship to Student _____

SECTION C. Duration of release (check only one):
<input type="checkbox"/> One-Time Use: This authorization can be used only once.
<input type="checkbox"/> Continuous Use: This authorization is effective until revoked by me, in writing.

SECTION D. Purpose of release (check only one):
<input type="checkbox"/> Family Communications <input type="checkbox"/> Informing Public or Media of Scholarship/Honor/Award
<input type="checkbox"/> Employment <input type="checkbox"/> Legal
<input type="checkbox"/> Admission to an Educational Institution <input type="checkbox"/> Other (please specify): _____

I understand that 1) I have the right not to consent to the release of my education records; 2) I have the right to inspect any written records released pursuant to this Consent; and 3) I have the right to revoke this consent at any time by delivering a written revocation to the University Registrar, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.		
<table style="width: 100%;"> <tr> <td style="width: 50%; border-top: 1px solid black;">Student's Signature</td> <td style="width: 50%; border-top: 1px solid black;">Date</td> </tr> </table>	Student's Signature	Date
Student's Signature	Date	

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records cannot be released if any Section of this form is not filled out entirely.
2. Completed forms should be submitted to the Office of the Registrar, Room 110 of Kennard Washington Hall, Hattiesburg, MS 39406 or mailed to Office of the Registrar, 118 College Drive # 5006, Hattiesburg, MS 39406. Questions about this form may be directed to the Office of the Registrar at 601.266.5006.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.