## Michigan State University Release of Information Authorization form

Student Name	Student Number
•	ize Michigan State University to release the following information from my education records:
	ne and address of person/agency to receive information):
for the purpos	e of:
	at I have the right not to consent to the release of my education records and I have the right to inspect h records upon request.
Time limit (con	nsult with the department/office to determine the most appropriate option):
	I understand this consent is in effect this one instance; once this request is fulfilled, the consent will be null and void. (Some offices will only accept this as an option for release)
	I understand this consent shall remain in effect until revoked by me, in writing, and delivered to

I understand this consent shall remain in effect until revoked by me, in writing, and delivered to
Michigan State University. However, any revocation shall not affect disclosures previously made by
Michigan State University prior to the receipt of any such written revocation.

Student's Signature

Date

Information released to a third party pursuant to this authorization is subject to the confidentiality provisions provided under the Family Educational Rights and Privacy Act (FERPA) and may not be made available to any other party without the written consent of the student.

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#### **Instructions for Department/Unit**

The student should provide the unit this form directly, either via hand-delivery or their MSU e-mail. The disclosing unit is responsible for retention of this form in alignment with other MSU policies. The unit may have designated specific individuals within the unit to release information from education records. This form allows the unit but does not require the unit to disclose information contained within the specified records.

#### **Instructions for Student**

This completed form must be submitted by the student to the department that holds the record(s) the student is authorizing to release. Departments may accept e-mailed copies from **the student's official MSU e-mail address** or with a hand-delivered wet signature. The student should not provide the signed form to the third party; the department will not accept it. A separate authorization must be completed for each department.

### **Instructions for Third Party**

This form **authorizes** MSU officials to disclose information within the specified records, but it does not **obligate** them to disclose. The student should provide the signed form directly to the department. Some departments may not accept a durable release, and may require a new release for each new disclosure.

If you have questions regarding this form or for any other FERPA related issues, please contact the FERPA Compliance Office at FERPA@msu.edu.