Governors State
UNIVERSITY

Office of Financial Aid
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www.govst.edu/finaid

2013-2014 FERPA RELEASE FORM

FERPA: PURPOSE OF THIS FORM

Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, the University cannot disclose personally identifiable information contained in the student's education records without the student's written consent, except to the extent that FERPA authorizes disclosure without consent. A parent does not have the automatic right to view his/her child's records without the expressed written consent of the student, unless that parent can provide proof that the student is still a dependent for income tax purposes. The complete GSU Student Records Policy is available at the following link:

http://www.govst.edu/Admissions/Registration_and_Enrollment/Family_Educational_Rights_and_Privacy_Act/

Students may grant any third party (e.g., spouse, parent, and/or sponsor) permission to access his/her education records or any portion thereof by completing this form and returning it to the appropriate records custodian.

SECTION A – FERPA RELEASE (PLEASE PRINT CLEARLY)

Please note that this consent only permits the disclosure of records maintained in the office/unit/department indicated below. As such, records maintained in other offices will not be disclosed as a result of this authorization.

I, _____(**please print**), authorize the release of

☐ All my records maintained by the Office of Student Financial Aid at Governors State University.

OR

☐ The portion of my records maintained by the Office of Student Financial Aid at Governors State University and described below.

To (person(s) to whom disclosure should be made):

Full Name (First, MI, Last)	Relationship to Student
_____	_____
_____	_____
_____	_____

Description of Records to be disclosed (only fill in if second box above is checked):

_____

_____

SECTION B – STUDENT AUTHORIZATION & SIGNATURE

In giving this authorization, I knowingly and willingly waive all privacy and confidentiality rights to which I am entitled under Federal, State or Local law or under University rules, regulations, statutes or policies. I further agree to hold the Board of Trustees of the Governors State University, its officers, employees, representatives, agents and assigns free and harmless from any and all lawsuits or causes of action which may arise as a result of this authorization. I further understand that the FERPA request will remain valid unless revoked. I may revoke this consent at any time upon written notice to the office/unit/department indicated above.

_____ _____

Student Signature **Date** **Print Student Name** **Student ID**