

**APPALACHIAN STATE UNIVERSITY
AUTHORIZATION FOR RELEASE OF INFORMATION
FROM STUDENT EDUCATION RECORDS**

Appalachian State University endorses and seeks to comply with all provisions of the "Family Educational Rights and Privacy Act of 1974," as amended, ("FERPA") and all pertinent regulations. The purpose of this legislation was and is to afford students certain rights with regard to their respective education records. In essence, these rights are: (1) the right to inspect and review education records, (2) the opportunity to challenge the contents of education records, and (3) the right to exercise some control over the disclosure of information from education records. I understand that the documentation that Appalachian State University maintains about its students may constitute an "education record" protected by FERPA which provides that, subject to certain exceptions, institutions may not permit "the release of education records... of students without their written consent."

Student Name: _____ BANNER ID: _____

I consent to allow Faculty/Staff of Appalachian State University to provide information from my education records to the following person or persons:

I consent to allow the following information/documents to be released from my education records to the persons listed above in writing and/or orally:

This authorization is valid from the date of my signature below until _____.

I understand that my authorization for the release of this information is voluntary and that I may refuse to sign this consent form. I further understand that I have a right to revoke this authorization by providing written notice to Appalachian State University. Revoking my authorization will not have any effect on the actions Appalachian State University took in reliance on this authorization prior to receiving the revocation. I also understand that I have a right to inspect or review any information used or disclosed under this authorization.

Once information is disclosed pursuant to this signed authorization, I understand that the state and federal privacy laws protecting my educational and/or medical records may not apply to the recipient of the information and, therefore, may not prohibit the recipient from disclosing it to other third parties.

I certify that I am at least eighteen years of age and competent to enter into this agreement. I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND I HAVE SIGNED IT VOLUNTARILY.

Student signature: _____ Date: _____