

## 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. parei	nt, self, prospect	ive employer, e	etc.)	
The only type of info  ☐ Academic (e.g. grad) ☐ Student account and ☐ Financial aid (e.g. so) ☐ Disciplinary ☐ All records ☐ Other (specify)	es, class schedule, f I billing (e.g. amour cholarship or loan ar	transcript) nt due on a bill)	nder this con	sent is:	
The information is to  ☐ Family communicatio ☐ Employment ☐ Admission to an edu ☐ Personal review ☐ Other (specify):	ons about university		ourpose:		
and agree that: (1)	I have the right rich records upon	not to consent request; and (	to the releas	e of my e	ne third party listed above. I understanducation records; (2) I have the right to only be valid for this particular reques
$\square$ Send me a copy of t	he documents requ	ested			
Student Signature					Date
Parent/Guardian Signat	cure (if student is yo	ounger than 18)			Date

Revised 6/22/2021 Index As: FERPA