

## 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.

Student Information:					
Last Name	First Name	Name		ame	University ID# (XXX-XXX-XXX)
Date of Birth	Email Address				
Street Address		City	State	Zip Code	Phone Number
Name and Address of Recip	oient (e.g. self, parent, pros	spective emp	ployer, etc.)		
The only type of information    Academic* (e.g. grades,    Student account and billion    Financial aid (e.g. schola    Disciplinary    Other (specify)    *A cost may be incurred for conordered through Parchment transport	class schedule) ng (e.g. amount due on a rship or loan amounts)  pies of records, which will be co	bill) harged per pa	age along with po		ntact you for payment. Transcripts should be
The information is to be ☐ Family communications a ☐ Employment ☐ Admission to an education ☐ Personal review ☐ Other (specify):	, .		se.		
I understand and agree the right to receive a c	e that: (1) I have the ropy of such records upquire additional consen	ight not to oon reque it. I under	o consent to st; and (3) t stand that tra	the release o	yself or the third party listed above.  of my education records; (2) I have  shall only be valid for this request.  d to be ordered through parchment
$\hfill \square$ Send me a copy of the do	ocuments requested				
Student Signature				 Date	
Parent/Guardian Signature	(if student is younger than	18)		 Date	

Revised: 04/03/2025