

**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                      Middle Name                      University ID# (XXX-XXX-XXX)

\_\_\_\_\_  
Date of Birth                      Email Address

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code                      Phone Number

\_\_\_\_\_  
Name and Address of Recipient (e.g. self, parent, prospective employer, etc.)

**The only type of information that is to be released under this consent is:**

- Academic\* (e.g. grades, class schedule)
- Student account and billing (e.g. amount due on a bill)
- Financial aid (e.g. scholarship or loan amounts)
- Disciplinary
- Other (specify) \_\_\_\_\_

*\*A cost may be incurred for copies of records, which will be charged per page along with postage. We will contact you for payment. Transcripts should be ordered through Parchment transcript services (<https://indianastate.edu/transcript-request>).*

**The information is to be released for the following purpose.**

- Family communications about university experience
- Employment
- Admission to an educational institution
- Personal review
- Other (specify): \_\_\_\_\_

**I authorize Indiana State University to release the information specified above to myself or the third party listed above. I understand and agree that: (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) this consent shall only be valid for this request. Further requests will require additional consent. I understand that transcripts need to be ordered through parchment directly and cost may be associated with sending documentation.**

- Send me a copy of the documents requested

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if student is younger than 18)

\_\_\_\_\_  
Date