

Grambling State University

RELEASE OF INFORMATION CONSENT FORM

Student: _____

SSN_____

Date of Birth: _____

Telephone: _____

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Please check the option under which you, the student, request the Grambling State University Registrar's Office apply your FERPA rights in connection with your records:

_____ **I waive** my right to privacy and hereby authorize Grambling State University to release information to the following designated parties regarding (please check all that apply)

_____my academic records _____my account transactions and balances

_____financial aid records

PIN 3 (4 alphanumeric characters) __ _ _ _

The above indicated PIN # must be provided to all individuals listed below. When requesting information, they will