



Office of Registrar and Records
1400 J.R. Lynch Street
PO Box 17125
Jackson, MS 39217
1-866-THEEJSU | 601-203-5001

Date: \_\_\_\_\_

CONSENT TO RELEASE STUDENT INFORMATION
(Family Educational Rights and Privacy Act (FERPA) Release Form

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. Therefore, the University neither disclose educational information concerning students nor permit inspection of student educational records without the student's written permission unless exceptions set forth by FERPA cover such actions.

Last Name First Name MI Student ID Number (J#)

This release is hereby authorized for the following individual(s):

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check all information Jackson State University may release to this person:

\_\_\_ Financial Information (Information regarding Financial Aid and Account Information)

\_\_\_ Academic Information (Information regarding academic progress, status, and grades)

This release is hereby authorized for the following individual(s):

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check all information Jackson State University may release to this person:

\_\_\_ Financial Information (Information regarding Financial Aid and Account Information)

\_\_\_ Academic Information (Information regarding academic progress, status, and grades)

THIS FORM MUST BE SIGNED AND SUBMITTED IN PERSON BY THE STUDENT

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be released without my written consent. I certify that this consent has been provided freely and voluntarily. I understand I may revoke this consent by providing written notice to the Office of the Registrar and Records or person who maintains the consent to whom I provided this consent form, but that such revocation shall not apply to records already released pursuant to this consent. I further understand that until this revocation is made, this Consent shall remain in effect, and my educational records will continue to be provided to the person(s) listed above to whom the educational records will be released for the specific purpose described above.

Student Signature

Date Signed

Revised on 8/20/2021

For Official Use Only

JSU Witness (I certify the student signed voluntarily in my presence.): \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_