

Central State University
Confidential Student Education Records
CONSENT TO RELEASE FORM



Last Name: _____ **First Name:** _____ **ID#:** _____

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), also known as the Buckley Act, student education records must be kept confidential and not released to anyone outside the University without the written consent of the student. For non-financially dependent students who have reached the age of 18 or who are attending a postsecondary institution, this restriction may also apply to parents. Exceptions to this rule include health or safety emergencies, educational authorities, school officials, and other exceptions as provided by law.

If you would like to authorize the University to discuss/release your educational records with your parents/guardians or any other designated person(s), please indicate such by signing the permission statement below. By signing, you understand and acknowledge that: (1) you have the right not to consent to the release of your education records; and (2) this consent shall remain in effect until revoked by you, in writing, and delivered to Central State University, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

I _____ **(student)** hereby grant permission for the appropriate employees of Central State University to discuss/release my education records with/to the following person(s):

Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Address: _____	Address: _____
Address: _____	Address: _____
Area code Phone Number:(____) _____	Area code Phone Number:(____) _____

I acknowledge that my education records include, but are not limited to, course grades, class attendance, progress towards degree, financial records, and GPA. I further acknowledge that education records may include other types of information about me and known to the University, such as any illness, injury, or situation of a serious nature, including my condition, status, location, and whether I have been admitted to a hospital. Such information may also include whether I have been charged with a crime, arrested and/or in custody, or have engaged in non-arrestable offenses, such as possession of marijuana, a BB gun, etc., and/or conduct giving rise to disciplinary proceedings. Regardless of this consent, the University will not disclose passwords to anyone other than the student.

Student's Signature: _____ Date: _____

Return the completed and signed form to Central State University - Office of the Registrar
Ward Building, 1st floor, Wilberforce, Ohio 45384

Rev. 7/2018