

Authorization to Disclose Personally Identifiable Information from Student Records

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), Idaho State University (ISU) is permitted to disclose personally identifiable information from a student's education record pursuant to that student's written authorization.

To Permit the Release of Information

I, _____
First Name Middle Initial Last Name Student ID#

authorize ISU to disclose personally identifiable information to the following person(s):

1. _____
Name Relationship

Address Email

2. _____
Name Relationship

Address Email

I authorize the disclosure of personally identifiable information to the above-designated individual(s) over the phone, in person, by mail or by email specifically from the following records:

All Records Transcript Disciplinary Records Other (specify) _____

I understand I may revoke this Authorization at any time by providing written notice to ISU, as detailed below.

Student Signature Date

To Revoke the Above Authorization Please send the following Notice to _____

I revoke any previous Authorization to release personally identifiable information from my education records to the following person:

Name _____

Student Signature Date