

# Eastern Oregon University

## Family Educational Rights and Privacy Act (FERPA) Release for Education Records and Protected Information

Student Name: \_\_\_\_\_

Student ID (for internal purposes only): \_\_\_\_\_

I, the undersigned, hereby authorize Eastern Oregon University to release the following education records and information:

\_\_\_\_\_  
\_\_\_\_\_

to the following person(s), entity, or organization:

\_\_\_\_\_  
\_\_\_\_\_

for the purposes of:

\_\_\_\_\_  
\_\_\_\_\_

I understand 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 my request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to Eastern Oregon University. Any such revocation shall not affect disclosures previously made by Eastern Oregon University prior to the receipt of any such written revocation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This information is released subject to the confidentiality provisions of the appropriate state and federal laws and regulations, **including 20 USC 1232g and ORS 351.070**, which also prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

\_\_\_\_\_ I hereby revoke this authorization for the release of my education records and protected information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date