

**PERMISSION TO DISCLOSE STUDENT RECORDS
UNDER THE FAMILY EDUCATIONAL RIGHTS AND
PRIVACY ACT (FERPA)**

I, Mark Ritterpusch, am currently or have been a student at
Clemson University. I hereby give Clemson University permission to disclose the
following student education records under the following conditions:

1. Student Education Records to be disclosed:

Anything

2. Person or entity to which the above-referenced Student Education Records can be
disclosed:

Sandra Ritterpusch
Dave Ritterpusch

3. Purpose for which the Student Education Records can be disclosed:

Nothing Any Reason

4. This permission to disclose student education records is in effect until:

7-1-14

5. I understand that I am entitled to a copy of the records so disclosed upon request.

Mark Ritterpusch
Student Name

902 130260
Student ID Number


Student Signature

9-25-12
Date