

FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: Dr. Warner in Department of Mathematical Sciences
(Name of University Official and Department that will be releasing the educational records)

Please provide information from the educational records of Haley Podeschi [Name of Student requesting the release of educational records] to:

JOEY THAMES [Name(s) of person to whom the educational records will be released, and if appropriate the relationship to the student such as "parents" or "prospective employer" or "attorney"]

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

The only type of information that is to be released under this consent is:

- ☐ transcript
- ☐ disciplinary records
- ☒ recommendations for employment or admission to other schools
- ☐ all records
- ☐ other (specify) _____

The information is to be released for the following purpose:

- ☐ family communications about university experience
- ☐ employment
- ☒ admission to an educational institution
- ☐ other (specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the University Official permitted to release the educational records]. 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 [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Name (print) Haley Podeschi

Signature Haley Podeschi

Student ID Number 033392964

Date 10/6/14