

CLEMSON

UNIVERSITY

FERPA CONSENT RELEASE FORM
CLEMSON UNIVERSITY
STUDENT FINANCIAL AID

I, Stephanie L Futrell, consent to the release of my personal identifiable information, by a financial aid representative of Clemson University concerning my grades and other financial aid information to Kevin Futrell and Nora Futrell relationship to student Parents.

I understand that I may rescind this release at any time by supplying a written notification to the Office of Student Financial Aid. My signature indicates that I have read and understand my rights under the FERPA laws and waive those rights to the party/individual indicated above. This release will expire at the date of my graduation from Clemson University.

Student Signature Stephanie Futrell
CUID# C 82574491
Date 6/21/2013



864-656-5230
Carol

C82574491

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

I, Stephanie Futrell, 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:

All

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

Kevin Futrell and Nora Futrell (Parents)

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

All

4. This permission to disclose Student Education Records will remain in effect until

06/21/2018

Stephanie Futrell
Student Name

Stephanie Futrell
Student Signature

06/21/13
Date