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

I,	, am currently or have been a student at Clemson University
I hereby give Clemson University personnel in the Department of Mathematical Sciences permission to disclose the following student education records under the following conditions:	
Student Education Records to be disclo- All inform	sed: ation about my Clemson university info can be disclosed to my parents
2. Person or entity to which the above-refe	erenced Student Education Records can be disclosed:
Relationship to you:Mother	
3. Purpose for which the Student Educatio Mother wanting to communicate	
1. This permission to disclose student adu	cation records is in effect until or until
it is revoked by the student in writing.	or drilli
I understand that I am entitled to a copy of	the records so disclosed upon request.
Graham Cline	C17862567
Student Name	Clemson ID Number
Graham Cline	10/15/20
Student Signature	Date

EMAILS ACCEPTED ONLY FROM CLEMSON STUDENT EMAIL ADDRESS.

Additional information of the Family Education Rights and Privacy Act (FERPA) may be found in the Clemson University Undergraduate Announcements, on the Clemson University General Counsel website, and on the U.S. Department of Education website (ED.gov).