

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

I, Coleman Armstrong, 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:

1. Student Education Records to be disclosed: Math Class
2. Person or entity to which the above-referenced Student Education Records can be disclosed:
Can talk to with Megan Armstrong

Relationship to you:

Mother

3. Purpose for which the Student Education Records can be disclosed: May not pass the class due to personal reasons.

4. This permission to disclose student education records is in effect until _____ end of the semester _____ or until it is revoked by the student in writing.

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

Student Name Clemson ID Number Coleman Armstrong C24109021

Student Signature Date Coleman Armstrong. 11/17/2021

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).