

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

I, Dylan Pyle, 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:

Math 2060

_____.

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

Pamela Pyle

_____.

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

Class Schedule

_____.

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

December 30, 2014
_____.

Dylan Pyle

Student Name

[Signature]

Student Signature

9/11/14

Date