

# 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 permission to disclose the  
following student education records under the following conditions:

1. Student Education Records to be disclosed:

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

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

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4. This permission to disclose student education records is in effect until:

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

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date