

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

I, Shannon Corcoran, 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:

All records

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

Dr. Andrew Brown Constance Corcoran

Relationship to you: advisor mother

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

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

Shannon Corcoran
Student Name

C19750537
Student ID Number

Shannon Corcoran
Student Signature

8/4/15
Date

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).