

FERPA RELEASE
The University of Mississippi
University, Mississippi 38677

Name of Student: _____
DOB: _____

I, the undersigned, hereby authorize The University of Mississippi to release the following educational records and information (identify records or types of records) _____

to _____
(Name and Address of Person/Agency to Receive Information)

for the purpose of _____

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to The University of Mississippi, but that any such revocation shall not affect disclosures previously made by The University of Mississippi prior to the receipt of any such written revocation.

Student's Signature

Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.