



## Permission to Release Education Records Maintained by a College/School to a Third Party

### I. Instructions for Student

1. Fill out this form. Sign and date the form.
2. Return the completed form to your college/school office.
3. This release will be in effect until you cancel it in writing, or for the duration of your studies in the specified college/school, whichever comes first.
4. **To rescind the access, contact your college/school office in person and complete Section V of this form, or send a letter to your college/school office, indicating cancellation of the access.**
5. **To change the access you wish to grant, rescind the current access and fill out another form for the new access.**

### II. Instructions for College/School

1. Maintain this form in the student's file.
2. Before you discuss a student's record with anyone who does not have an educational need to know, you must first verify that the student has allowed this access to his/her information in the 'Third Party Information' section of this form
3. Maintain a record in the student's file each time a release is made, to include: the information released, who released the information and to whom the information was released.
4. Maintain all forms and any letters the student has sent granting and/or rescinding access in the student's file.

### III. Student Information:

Name \_\_\_\_\_ MUID \_\_\_\_\_  
Last First Middle

College/School \_\_\_\_\_ Major \_\_\_\_\_

Email \_\_\_\_\_@marquette.edu Daytime Phone: ( ) \_\_\_\_\_

I hereby authorize and grant permission to any administrator/faculty in my college/school to provide unofficial copies of, and/or discuss any and all records related to my education at Marquette, that are maintained by the college/school, including, but not limited to the academic and disciplinary records to the person(s) listed below. **I understand that even if I have placed a FERPA Address, Email Address or Phone Number block on my record, I am granting permission for the college/school to release this information to the person(s) indicated below. Furthermore, I confirm my understanding that, even if I have placed a Complete FERPA Name Block on my record, I am granting permission for the college/school to release the information described above to the person(s) indicated below.** Finally, I understand this permission will be in effect for the duration of my studies in the college/school indicated above, or until I notify the college/school in writing of my desire to rescind this permission.

### IV. Third Party Information - Name(s) of Person(s) with whom the college/school may discuss my record:

1. Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Last First Middle

2. Name \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Last First Middle

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

### V. Rescind Permission (use this section only when you no longer wish to grant access to the people listed above):

I hereby rescind the above permission for my college/school to discuss the information contained in my academic record with any person who does not have an educational need to know.

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_