

**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:

_____.

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

_____.

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

_____.

4. This permission to disclose student education records is in effect from _____, 2010 until _____.

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