



Office of the Registrar

VIRGINIA STATE UNIVERSITY
Federal Educational Rights and Privacy Act (FERPA)
Consent Form

AUTHORIZATION FOR RELEASE OF STUDENT RECORD INFORMATION

Please complete and submit this form to the:

Office of the Registrar

P.O. Box 9217

Virginia State University, VA 23806

(804) 524-5275 phone

(804) 254-6758 fax

registrar@vsu.edu

I, _____ (Student's printed name), consent to the release of non-directory information by a representative of Virginia State University, concerning my information on grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information to the following person(s) indicated below:

1. Name _____
LAST FIRST

Address _____
NUMBER/STREET CITY STATE ZIP CODE

2. Name _____
LAST FIRST

Address _____
NUMBER/STREET CITY STATE ZIP CODE

3. Name _____
LAST FIRST

Address _____
NUMBER/STREET CITY STATE ZIP CODE

While enrolled at Virginia State University, I consent to the disclosure of any personally identifiable information from my educational records to the above named individual(s) relating to my academic and financial records. I understand that I may rescind this release at any time by supplying a written notification to the Office of the Registrar. My signature indicates that I have read and understand my rights under the Federal Educational Rights and Privacy Act of 1974 and agree to the information release terms as stated above.

STUDENT SIGNATURE

V 0 0 [] [] [] [] [] []

STUDENT ID #

DATE