

Family Education Rights and Privacy Act (FERPA) Release Form

Office of Graduate Studies

Student's Full Name				
First	Middle	Last	Suffix	
Student's ID Number:	Student's Contact Number:			
The student must sign this form in the presence	ce of the Alcorn State Univer	sity employee at the time submit	tted.	
The Family Educational Rights and Pri educational records. Alcorn State Univ students nor permit inspection of studes such actions are covered by certain exc	versity may neither disclont educational records w	ose certain educational info ithout the written permission	rmation concerning	
I,, he	ereby grant permission to	the officials of Alcorn Sta	te University to provide	
copies of written records, permit inspec my academic performance with the foll	ction and review of the c	ontents of my education rec	cords, and/or to discuss	
Name	j	Relationship to student	tionship to student	
Name		Relationship to student		
Name	Relationship to student			
This request is made in compliance wit	h the Family Education	Rights and Privacy Act (20	U.S.C.A. Sec. 1232G)	
Please initial all that apply:				
All admission record All academic records	and graduation records. d registration records in		dies.	
Access to this information does not gra student's behalf. Changes to the studen will remain in effect until the student pro-	nt enrollment or academi	ic record must be made by t		
Student's Signature		Date		
Employee's Signature	Office/Dept	Date		
Graduate Office: Processed by	Date Received	Date entered in Ba	nner	

Please forward to the Office of Graduate Studies which will record information on the comments form in Banner. The original form will be sent to affected office(s) after processing.