

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.