



CONSENT TO RELEASE RECORDS TO THIRD PARTIES

(STUDENTS USE THIS FORM TO PROVIDE CONSENT TO ALLOW THIRD PARTIES ACCESS TO THEIR EDUCATION RECORDS AS PER FERPA GUIDELINES)

Students may make their education records accessible to parents, guardians, and others by: (1) sharing their GoSOLAR access information with those with whom the student wishes to provide access (which may later be revoked by changing the student's GOSOLAR access information); or (2) submitting this completed and signed form to the school official (which consent may be subsequently revoked in writing by the student).

STUDENT'S NAME: _____
LAST FIRST MIDDLE MAIDEN/OTHER

PANTHER #: _____ DAYTIME PHONE #: _____

I consent to the release of my Georgia State University educational records and information to the following persons:

- Mother:** _____
PRINT MOTHER'S FULL NAME
- Father:** _____
PRINT FATHER'S FULL NAME
- Other:** _____
PRINT FULL NAME

The education records/information I wish to make available to the above-identified persons are specified below for the office listed below:

Department Receiving Consent Form: _____

My consent for the release of my education records, listed above, shall be in effect for the following time period (Check one box below):

- Until I submit a signed statement, to the office where consent was given, revoking consent.
- Starting Date: ___/___/___ Ending Date: ___/___/___.

Please note: Parents and third parties must follow the same access policies and procedures as the student. In some instances, an access form may be required to gain access to student records in addition to the consent form.

Student's Signature _____ Date _____

Received by School Official _____ Date _____

Approved by School Official _____ Date _____

Submit this form to the department in which record access is required