



Michigan Tech

FERPA Consent: Release of Education Record Authorization

Education record information to be released:

Purpose of release:

Release to the following person(s) or organization(s):

.....

I, _____
(PLEASE PRINT FULL NAME)

the undersigned, hereby grant authorization to Michigan Technological University to release my above-referenced records to the party or parties listed on this form.

This consent will expire (mm/dd/yy): _____

Signature of student: _____ Date: _____

MTU Student ID#: _____ Date of Birth: _____

Street address: _____

City: _____ State: _____ Zip: _____