



**Central Connecticut State University  
Office of the Registrar**

***FERPA  
Waiver of Rights By the Student***

**Permission to Release Educational Record**

**Student's Name:** \_\_\_\_\_

**Student's ID:** \_\_\_\_\_

I grant permission for Central Connecticut State University to release my educational records to: \_\_\_\_\_

(Name and address of recipient)

For the purpose of \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_

(Student's Signature)

\_\_\_\_\_

(Date)

***For Office Use Only***

Action Performed by: \_\_\_\_\_ Date: \_\_\_\_\_