



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 _____

Please bear in mind that your request to release your educational record to the above-named party will remain in effect until you amend your consent in writing.

Please provide a one word **PASSCODE**, which the above-named party will give to us in order to verify your authorization: _____

(Student's Signature)

(Date)

For Office Use Only

Action Performed by: _____ Date: _____