RELEASE OF INFORMATION AUTHORIZATION

Revised 8/3/2015

901 S. National Avenue ▪ Springfield, MO 65897

Missouri State University

Student Name: _____ BearPass #: M_____

LAST FIRST MI

Missouri State University (the "University") complies with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g ("FERPA") and FERPA's implementing regulations, 34 C.F.R. § 99.1, et seq. Subject to certain exceptions, the University does not disclose a student's educational records and information to others without the student's written authorization. Students may sign this Release of Information Authorization Form to authorize the University to disclose the students' records and information subject to the law, applicable policies, and the parameters and restrictions set forth below.

Information about the University's FERPA compliance is available on the University's website at: www.missouristate.edu/registrar/FERPA.html. I recognize that records are maintained at various offices throughout campus, and therefore understand that I will need to submit a separate request to each relevant office.

By signing this form, I hereby request that the _____ office(s) of Missouri State University provide the records and/or information described below to the individuals and/or organizations listed below.

Information to be released: _____.

_____.

To the following: Individual or Organization: _____

Address: _____

_____

For the following purpose: _____

_____.

This authorization may be revoked in writing at any time by delivering a written revocation to the same person(s) and/or office(s) to whom you deliver this authorization. Absent such revocation, this authorization will remain in effect according to the time period specified below.

This authorization will be revoked (please select only one option below):

◯ Immediately after the specific information requested above has been released, or

◯ Four years after the date listed below, or

◯ On (please list date) _____

**The student must sign this form in front of a University official or provide a valid acknowledgement duly executed by a licensed notary public. The University reserves the right to contact the student to authenticate the student's signature before disclosing records or information.*

Student Signature: _____ Date: _____

OFFICE USE ONLY: _____ _____

Processed By Date