

# FERPA Release of Information Authorization

Email: [Registrar@MissouriState.edu](mailto:Registrar@MissouriState.edu)  
Phone (417) 836-5520, Fax (417) 836-6334  
901 S National Ave, Carrington Hall 320  
Springfield, MO 65897

Form revised 8/3/2021

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](http://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: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

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 (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 (list specific date) \_\_\_\_\_

***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