PERMISSION TO DISCLOSE STUDENT RECORDS
UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

I, ______________________________, am currently or have been a student at Clemson University. I hereby give Clemson University permission to disclose the following student education records under the following conditions:

1. Student Education Records to be disclosed:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________.

2. Person or entity to which the above-referenced Student Education Records can be disclosed:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________.

3. Purpose for which the Student Education Records can be disclosed:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________.

4. This permission to disclose student education records is in effect from _______, 2010 until ________________.

5. I understand that I am entitled to a copy of the records so disclosed upon request.

______________________________________________  _________________
Student Name  Student ID Number

______________________________________________  __________________
Student Signature  Date