



PACIFIC LUTHERAN UNIVERSITY

Mathematics

Tacoma, Washington 98447
(253) 535-7400 phone
(253) 535-8700 fax
math@plu.edu email

Consent to Release Education Records to a Third Party

I, _____, understand that The Family Educational Rights and Privacy Act of 1974, also known as FERPA, grants students attending post-secondary institutions certain rights and privacies regarding their Education Records. I understand that "Education Records" are defined in FERPA, and generally include any and all records that contain any information related to me that are maintained by Pacific Lutheran University.

I hereby authorize Pacific Lutheran University to utilize and disclose information contained in my Education Record, including faculty verbal or written reports, as well as conclusions and observations regarding my performance while attending Pacific Lutheran University, to the following person(s):

(Provide the name and address of each person or entity.)

Furthermore, I hereby release Pacific Lutheran University, its Trustees, Officers, Employees, Agents or Assigns, from any and all liability for release of the above-named records/information. I understand this consent is effective only to this/these specific request(s).

DATED this _____ day of _____, 20____.

Signature

PLU ID number / Social Security Number

Please print name signed above

Current Address

City State Zip

(_____) _____ (This is my: home / cell / work)
Telephone number

Email address