



PACIFIC LUTHERAN UNIVERSITY

Marriage and Family Therapy Program

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Consent to Release Education Records to a Third Party

I, _____, understand that The Family Education 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 and written reports, as well as conclusions and observations regarding my performance while attending Pacific Lutheran University, for the purpose of completing any and all inquiry forms and letters of recommendation, and I am requesting such form(s) be submitted on my behalf.

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