

Permission to Release FERPA Protected Information

East Carolina University

East Fifth Street

Greenville, NC 27858-4353

In compliance with the Family Educational Rights and Privacy Act (“FERPA”) 20 USC 1232g, I, _____, give representatives of East Carolina University permission to disclose my education records, and/or information from my education records, as indicated below (*check all that apply*):

_____ conduct records;

_____ academic records; and/or

_____ other University records related to _____

by mail, email, in person, or by telephone, with the individual(s) listed below, for the purpose of providing said individual(s) with information pertaining to my attendance at East Carolina University.

Name of individual/organization who may receive the information:

I understand that I may revoke this permission completely or in part at any time by sending a signed, dated statement stipulating what parts of the consent I wish to revoke. A revocation is effective on the date it is received and will not effect action(s) already taken upon this request.

I also understand that this form is effective for one calendar year from date created unless I revoke it earlier.

Signed: _____ **Date:** _____

Student Signature

Student ECU ID (Banner ID) _____