

**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 will remain in effect until

\_\_\_\_\_.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date