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