



# Michigan Tech

## FERPA Consent: Release of Education Record Authorization

---

Education record information to be released:

---

---

Purpose of release:

---

---

Release to the following person(s) or organization(s):

---

---

---

---

.....

I, \_\_\_\_\_  
(PLEASE PRINT FULL NAME)

the undersigned, hereby grant authorization to Michigan Technological University to release my above-referenced records to the party or parties listed on this form.

This consent will expire (mm/dd/yy): \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

MTU Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_