Central Connecticut State University
Office of the Registrar

FERPA
Waiver of Rights By the Student

Permission to Release Educational Record

Student’s Name: __________________________________________

Student’s ID: __________________________________________

I grant permission for Central Connecticut State University to release my educational records to: ___________________________________________________________

(Name and address of recipient)

For the purpose of ___________________________________________________

Please bear in mind that your request to release your educational record to the above-named party will remain in effect until you amend your consent in writing.

Please provide a one word PASSCODE, which the above-named party will give to us in order to verify your authorization: __________________________

__________________________________  _________________
(Student’s Signature)  (Date)

For Office Use Only

Action Performed by: ____________________  Date: ____________________