

## FERPA CONSENT TO RELEASE STUDENT INFORMATION

To: Oregon City High School

Please provide information from the educational records of \_\_\_\_\_  
[Name of Student] to \_\_\_\_\_ [Name(s) of entity to whom the  
educational records will be released, and if appropriate the relationship to the student such as "parents" or  
"prospective employer" or "attorney"]

The only type of information that is to be released under this consent is:

- \_\_\_\_\_ Transcript
- \_\_\_\_\_ Date of Graduation
- \_\_\_\_\_ Dates of Attendance
- \_\_\_\_\_ Type of Certificate Earned
- \_\_\_\_\_ Cumulative GPA
- \_\_\_\_\_ Disciplinary records
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

The information is to be released for the following purpose:

- \_\_\_\_\_ Employment
- \_\_\_\_\_ Admission to an Educational Institution
- \_\_\_\_\_ Military
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the University Official permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Name of Student at Graduation (print) \_\_\_\_\_  
Year of Graduation \_\_\_\_\_  
Student ID Number (if known) \_\_\_\_\_  
Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date