



RELEASE OF INFORMATION TO THIRD PARTY CONSENT FORM

In accordance with the Family Educational Rights to Privacy Act (FERPA), Bowie State University protects the personally identifiable information within students' educational records. FERPA limits the release of educational records, except in those cases where a student provides written authorization. By completing this form, you are authorizing Bowie State University to release information contained within your records.

Name: _____

BSU Student ID#: _____

Phone: _____

Email: _____

By signing below, I authorized Bowie State University Office of Student Life Personnel to have access to my educational records and allow them the freedom to discuss these records with Bowie State University personnel.

The following records are applicable:

- Class attendance
- Grades
- Disciplinary action/issues
- Enrollment information

Student's Signature: _____ Date: _____

Witnessed By: _____ (Office of Student Life Personnel Only)

Reason for records:

- Greek Life
- Election
- Student Government Position
- Off Campus Event _____ (Specify event, add copy of student waiver agreement)