



## Departmental FERPA Release Form

The purpose of the Family Educational Rights and Privacy Act (**FERPA**) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's university records.

I understand that I have the right not to consent to the **release** of my educational records, and I have the right to receive a copy of such records upon request.

Name of Student \_\_\_\_\_ SID #: \_\_\_\_\_  
(please print)

I, the undersigned, hereby authorize California Polytechnic State University (Cal Poly) to **release** my personal information to the following Person/Agency:

Name \_\_\_\_\_

Telephone: \_\_\_\_\_

Address \_\_\_\_\_

To the following Person/Agency:

Name \_\_\_\_\_

Telephone: \_\_\_\_\_

Address \_\_\_\_\_

For the purpose of: (e.g., providing a recommendation, providing information about, etc.)

\_\_\_\_\_  
\_\_\_\_\_

I understand that this authorization remains in effect from today through \_\_\_\_\_.  
(month/year)

I also understand that it will be necessary to send a written request to revoke this authorization prior to the date indicated.

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

\_\_\_\_\_  
Date