

STUDENT CONSENT FOR RELEASE OF EDUCATION RECORDS
THE UNIVERSITY OF SOUTHERN MISSISSIPPI
OFFICE OF THE REGISTRAR / BUSINESS OFFICE / OFFICE OF FINANCIAL AID

Name of Student (Last, First, Middle Initial): _____	Student ID or SSN: _____	Date: _____
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar/Business Office/or Office of Financial Aid allowing the release of their education records to specified third parties.