



PERSONAL INFORMATION RELEASE

SVSU complies with the Family Educational Rights and Privacy Act (FERPA). By entering information below, you agree to allow SVSU staff to provide the type of information below, to anyone you identify. Anyone listed below must show identification when requesting your information.

I, _____ authorize the release of my admissions information and paperwork to the person/persons listed below.

First Name: _____

Last (Family) Name: _____

First Name: _____

Last (Family) Name: _____

Student Signature: _____

Date: _____