



**SAGINAW VALLEY STATE UNIVERSITY**  
**OFFICE OF THE REGISTRAR**  
Waiver of Family Education Rights and Privacy Act (FERPA):  
Permission to Release Education Record Information

**Requested by Student:**

<hr/>	<hr/>
Last Name	First Name
<hr/>	<hr/>
SVSU Student ID Number	Date

**Release to (Recipient):**

<hr/>	<hr/>	
Last Name	First Name	
<hr/>	<hr/>	
Title or Status (e.g., Parent)	Organization/School (If applicable)	
<hr/>		
Address		
<hr/>		
<hr/>	<hr/>	<hr/>
City	State	Zip Code
<hr/>		
( ) <hr/>		
Phone Number		

**Education record information to be released:**

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**Personal Identification Number (PIN):** \_\_\_\_\_  
PIN Number must be given to SVSU staff members before any information is released, regardless of written permission.

I hereby give permission for the Office of the Registrar of Saginaw Valley State University to release the information listed on this form to the recipient listed above.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FERPA or privacy rights can also be waived by the student in secure online password-protected system in *MySVSU* portal by the student providing the intended recipient of educational record information with a personal identification number (PIN). This permission can be viewed by the Office of the Registrar staff. Directory information is not covered by FERPA. For a list of such information, consult the Office of the Registrar's website under Policies/Procedures.