



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:

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.