FERPA CONSENT TO RELEASE STUDENT INFORMATION TO:

UC Santa Cruz, Santa Cruz, CA 95064

Please provide information from the educational records of \_\_\_[STUDENT NAME]\_\_\_\_\_\_\_\_to:

TA NAME, STREET ADDRESS, PHONE NUMBER, EMAIL ADDRESS

The only type of information that is to be released under this consent is:

[DESCRIBE INFORMATION – E.G., “GRADE FOR COURSE NUMBER XXXX]

The information is to be released solely for purposes of providing [STUDENT NAME] information about his/her/their grade in course number XXXX.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I also understand that the information may be transmitted via an unsecured email server. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to the person listed above as the University Official permitted to release the educational records. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [TA NAME] for the specific purpose described above.

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

Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_