



FERPA Release Form

I, _____, _____, _____, the undersigned,
First Name Middle Last Name
authorize Mayville State University to release the following educational records upon request.

Check all that apply:

- _____ All financial records (these records include, but are not limited to, Financial Aid, Business Office, Residence Life, Dining Services, Activity Card Charges, Bookstore Charges, and Student Health Services Charges)
- _____ Academic grades (usually provided to parents if they call or ask for a printed copy of the academic transcript)
- _____ Other (please specify): _____

Persons to whom information may be released:

1. _____ or _____
Last Name First Name Organization Name, if applicable

_____ Address

_____ City _____ State _____ Zip Code

_____ Phone _____ Email

2. _____ or _____
Last Name First Name Organization Name, if applicable

_____ Address

_____ City _____ State _____ Zip Code

_____ Phone _____ Email

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. I understand that this release remains in effect while enrolled unless I revoke such consent in writing and the revocation is delivered to the institution.

Signature of Student Date Student ID Number
(A typed signature is considered an official signature)

Signature of Parent or Guardian (Only if student is under 18 years of age)

Return to:

Mayville State University
Business Office
330 3rd St. NE
Mayville, ND 58257

For office use only:
 Financial Academic All
 Initials _____ Date _____