



STUDENT RELEASE OF RECORDS/INFORMATION AUTHORIZATION FORM

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, is a federal law that protects the privacy of student education records. FERPA requires that a post secondary student provide written consent for release of student records/information unless the circumstances meet one of the exceptions to the "prior written consent" rule that is specified in the law and its implementing regulations.

Student Name (Please Print): _____ Telephone Number: _____

Student Social Security Number or VU ID: _____

High School or Career Center: _____

Home Address: _____
Street Address City State Zip

My signature below authorizes Vincennes University/Project EXCEL to provide information regarding my educational records to my parent(s) or guardian(s) listed below. This permission will remain in effect until I revoke it in writing to the address listed below.

Student's Signature

Date

Please print parent/guardian name(s) and contact information below:

Parent/Guardian Name: _____ Telephone Number: _____

Home Address: _____
Street Address City State Zip

Parent/Guardian Name: _____ Telephone Number: _____

Home Address: _____
Street Address City State Zip

Please mail completed form to:

Vincennes University
Project EXCEL
1002 North First Street
Vincennes, IN 47951