



Central Connecticut State University
Office of the Registrar

FERPA
Permission to Release Educational Record Waiver
Waiver of Rights by the Student

Student's Name: _____

Student's ID: _____

I grant permission for Central Connecticut State University to release my educational records
to: _____

Name and address of recipient

For the purpose of _____

Please bear in mind that your request to release your educational record to the above- named
party will remain in effect until you amend your consent in writing.

Please provide a one word **PASSCODE**, which the above-named party will give to us in order to
verify your authorization: _____

Student's Signature

Date

For Office Use Only

Action Performed by: _____ Date: _____

Please complete this form and return to the Office of the Registrar for processing.
Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu