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