



# VALLEY CITY STATE UNIVERSITY

## FERPA Release

Please complete the FERPA Release Form and submit to the Business Office for approval.  
Questions? Call Derek Burchill, 701-845-7236 or Fax 701-845-7247

I \_\_\_\_\_ the undersigned, authorize Valley City State  
(please print full name)  
University to release the following educational records upon request:

Check all that apply:

- Option 1 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)
- Option 2 Academic record/transcripts (If a transcript is to be sent to an address other than that on file at the above named institution, a written request must be signed by the student or other party to whom student has permitted release of such records).
- Option 3 Other (please specify)

Persons to whom information may be released:

\_\_\_\_\_  
Name Organization (if applicable)

\_\_\_\_\_  
Name Organization (if applicable)

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 unless I revoke such consent in writing and the revocation is delivered to the institution.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSN or Empl ID