



VALLEY CITY STATE UNIVERSITY

FERPA Release

Please complete the FERPA Release Form and submit to the Business Office for approval.
Questions? Call Nichole Brockopp, 701-845-7237 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
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