Consent to Release Student Information Under FERPA

Please release the following information to [RESEARCHER NAMES] for use in research [PURPOSE]:

* [LIST CATEGORIES OF DATA REQUESTED – this list needs to be specific and complete; anything not listed cannot be requested]
* These data will be collected for the following dates: [DATES FOR WHICH DATA WILL BE REQUESTED]

Before signing this consent to release your information, please read the following:

* You do not have to agree to release your student information.
* You can withdraw your consent at any time by contacting [CONTACT] at [CONTACT EMAIL AND PHONE]
* The consent applies only to the categories of data for the specific purpose listed above;
* Only the Individual(s) listed above will receive these data;
* Manuscripts and reports resulting from data analysis will include only aggregated data so you will not be identifiable.

Name:

Student ID:

Signature:

Date: