



School Of Extended Studies
Independent Study Program
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 FAX: 503-725-4880
 Email: istudy.

FERPA ONE-TIME RELEASE FORM

Date of request: _____

Student Full Name (Please Print): _____

I, the undersigned, hereby authorize the Portland State University Independent Study Program to release the following educational information about my academic record (identify the specific information below):

INFORMATION FOR RELEASE: _____

I request that this information is released to the following person/agency (identify name, address, and phone number of the person or agency):

NAME: _____
ADDRESS: _____
PHONE: _____

These records are being released for the purpose stated below:

PURPOSE OF THE RELEASE: _____

I understand further that (1) I have the right not to consent to the release of my educational records and am choosing to waive that right in this specific instance; (2) I have the right to receive a copy of such records upon request; (3) and that this request is for a one-time release of specific information to the specified individual/agency; (4) I understand that any future requests, even to the same person for the same information, will require a separate signed release form.

Student Signature: _____ Date: _____

SUBMIT FORM: by mail or fax.

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.