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APPLICANT AUTHORIZATION TO RELEASE INFORMATION

PRINT APPLICANT NAME: _____

BIRTHDATE: _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law which prohibits the disclosure of a student's educational records without written consent of the student. By signing this authorization, you consent to have your application status and any missing documents disclosed to the third party listed below. You authorize us to communicate with the individual(s) via both orally and in writing.

TO WHOM IT MAY BE RELEASED

Disclosed information can be released to the following party/parties:

1. Print Name _____

Relationship _____

2. Print Name _____

Relationship _____

PURPOSE OF RELEASE: _____

This form authorizes the indicated parties to have access to all aspects of your records during the application and (if applicable) the visa request processes.

APPLICANT'S SIGNATURE: _____

DATE: _____