

PITTSBURG STATE UNIVERSITY

Consent Form for Disclosure to Parent or Other Third Party

Name:

PSU ID:

Date of Birth:

I, the undersigned, hereby authorize _____ (Name of Faculty) to release the following education records and other identified records or type of information below.

To the Person/Agency listed below. (Name and Address)

For the purposes of:

To be extended through the date of _____ .

By signing below, I understand that:

- 1) I have the right not to consent to the release of my education records;
- 2) I have a right to receive a copy of such records upon request;
- 3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to PSU, but that any such revocation shall not affect disclosures previously made by PSU prior to the receipt of any such written revocation.

Students Signature & Date

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.