



AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

The Family Educational Rights and Privacy Act of 1974 (FERPA) allows Bridgewater State University (the “University”) to disclose information from student education records to third parties under certain circumstances, including when a student has signed a written authorization. Please see the [Student Handbook](#) for further information regarding FERPA.

This form allows the University, in its sole discretion, to disclose to or discuss your student information with the parties indicated below.

I, (student name) _____, authorize the University to disclose and/or release to:

Name: _____

Address: _____

Phone: _____

the following information from my education records at the University (*please describe the information to be released*):

for the following purposes (*please state the reason for the disclosure*):

A facsimile or photocopy of this Authorization shall be considered as effective and valid as the original. I hereby release the University, its trustees, employees and agents and The Commonwealth of Massachusetts, from any liability to me or anyone claiming by, through, or under me, which may arise directly or indirectly out of the University’s good faith compliance with this Authorization. This Authorization is effective until I revoke it by providing a signed notification to the University.

PLEASE NOTE: Neither FERPA nor this Authorization requires the University or its employees to disclose information. Any disclosure will be at the University’s sole discretion.

Student Signature: _____ Date: _____

Student Address: _____

Student ID Number: _____