

Authorization to Release Information to a Third Party Iowa State University

Name of Student (Last, First, MI): _____	Date: _____	University ID: _____
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The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without the student's written consent, except under limited circumstances. **Students may choose to allow the release of their education records to specified third parties by completing this form. All the below sections must be completed and the student must sign and date this form.** Please note that while this form authorizes an Iowa State University official to release education records to a third party, it does not obligate the school official to do so. Iowa State University reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information regarding FERPA, please visit <http://www.registrar.iastate.edu/policies>

SECTION A. Name of school official that can release or discuss education records			
<i>Evgeny Chukharev</i>			
Name _____			
SECTION B. Person(s)/Organization/Agency to whom school official can release or discuss education records			
<i>All current members of PACE Lab (i.e., employees and students under Dr. Chukharev's supervision)</i>			
Name(s) <i>See www.isu-pacelab.org/team for list of current members</i>		Email _____	
Address _____		Phone _____	
Relationship to the Student <i>Co-workers and fellow students in PACE Lab</i>			
SECTION C. Purpose of release (check one)			
<input type="checkbox"/> Family Communication		<input type="checkbox"/> Admission to an Educational Institution	
<input type="checkbox"/> Employment		<input checked="" type="checkbox"/> Other (please specify) <u>Research coordination in PACE Lab</u>	
SECTION D. Education records to be released (check all that apply)			
Personally Identifiable Information <input type="checkbox"/> Demographic information <input type="checkbox"/> Personal address <input type="checkbox"/> Email <input type="checkbox"/> Phone number <input type="checkbox"/> University ID number <input type="checkbox"/> Other (please specify) _____	Academic Information <input type="checkbox"/> Grades <input type="checkbox"/> GPA <input type="checkbox"/> Academic progress <input type="checkbox"/> Class schedule <input type="checkbox"/> Registration <input type="checkbox"/> Enrollment status <input checked="" type="checkbox"/> Other (please specify) <u>employment in PACE Lab; participation in independent study coursework under Dr. Chukharev's direction</u>	Financial Information <input type="checkbox"/> Scholarships <input type="checkbox"/> Grants <input type="checkbox"/> Financial-aid status <input type="checkbox"/> Billing/payment history <input type="checkbox"/> Balances <input type="checkbox"/> Other (please specify) _____	Disciplinary Information <input type="checkbox"/> Student Code of Conduct proceedings <input type="checkbox"/> Title IX proceedings <input type="checkbox"/> Disciplinary sanctions <input type="checkbox"/> Other (please specify) _____
SECTION E. Duration of release (check one)			
<input type="checkbox"/> One time release: This authorization is valid for a one-time release only _____ (date)			
<input type="checkbox"/> Limited release: This release will remain in effect until _____ (date)			
<input checked="" type="checkbox"/> Unlimited release: This release will remain in effect unless I revoke authorization in writing.			
I hereby grant an Iowa State University official permission to disclose the above noted information to the person(s)/organization/agency listed above. I understand that this form authorizes an Iowa State University official to disclose personally identifiable information from my educational record to this third party and I release this individual from any liability for acting in accordance herewith. I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time with a written revocation.			
Student's 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 whom it pertains, or as otherwise permitted by such regulations.