

## Authorization for Release of Student Information

Pursuant to the Family Educational Rights and Privacy Act (FERPA), the Confidential Records Section of the Iowa Open Records Act, Iowa Code, Section 22.7 and Iowa State University policy, Iowa State University of Science and Technology does not release personally identifiable education records without the written permission of the student whose education records are involved. With this understanding, I authorize Iowa State University of Science and Technology to release my confidential student and immigration information to the below-named third party.

THEREFORE, I, \_\_\_\_\_, hereby authorize Iowa State University of Science and Technology  
(Name - please print)

to disclose my education records, including the following specific records:

- |                                                                                                  |                                                 |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> SEVIS Record Data                                                       | <input type="checkbox"/> Proof of Insurance     |
| <input type="checkbox"/> Financial Support Documentation                                         | <input type="checkbox"/> Current Living Address |
| <input type="checkbox"/> Admission Record                                                        | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Immigration Document Copies (Passport, Visa, I-20 form, I-94, EAD etc ) | _____                                           |

and to discuss materials and opinions concerning that information with the following third party:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
\_\_\_\_\_

Organization Phone (optional): \_\_\_\_\_

Organization Email: \_\_\_\_\_

I understand that:

- Under the above mentioned Federal and State of Iowa laws, I have the right not to consent to the release of my educational and immigration records.
- I have the right to receive a copy of such records upon my request to Iowa State University of Science and Technology.
- This consent shall remain in effect until revoked by me, in writing, and delivered to Iowa State University of Science and Technology, but that any such revocation shall not affect disclosures previously made by Iowa State University of Science and Technology prior to the receipt of my written revocation.
- A photocopy of this Form will be treated as an original signature by Iowa State University of Science and Technology.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Current Address: \_\_\_\_\_

Student's Phone: \_\_\_\_\_

Student's Identification No. \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_