



**Student Consent to  
RELEASE CONFIDENTIAL INFORMATION**

The Family Educational Rights and Privacy Act (FERPA) was designed to protect the privacy of educational records. In compliance with FERPA Regulation 34 C.F.R Part 99.30, the disclosure of information from a student's educational record requires the student to provide signed and dated written consent before MSU Denver may disclose personally identifiable information from the student's educational records, except as provided in section 99.31.

**This form must be presented in person with proper identification  
to the College of Professional Studies - Department of Nursing**

Date:	Student's Name (Last, First, Middle Initial):	Student ID Number: 900- _____ - _____
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- One-time Use: This authorization may be used only once.
- Limited Use: This authorization expires on \_\_\_\_\_.
- Long-term Use: This authorization will remain in effect until I withdraw this authorization in writing.

Type of Information that may be released: \_\_\_\_\_  
\_\_\_\_\_

**Person/Organization to whom information is to be released:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Phone Release of Information:** Please provide a personal password for the individual to whom this information is to be released. Limited information will be released.

**Password:** \_\_\_\_\_

I hereby authorize the college to release confidential information to the designated person/organization shown. This authorization is considered valid until changed by the student in writing or until the expiration date shown above.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Office Use Only:**

Initials of the staff member who reviewed identification: \_\_\_\_\_ Date: \_\_\_\_\_