

FERPA RELEASE FORM:

Student Name (Please Print): \_\_\_\_\_

Social Security Number or University Identification Number: \_\_\_\_\_

I, the undersigned, hereby authorize the Montana State University [MSU] to release my educational records to the following person/agency (identify name and address of person/agency to receive information):

**RECORDS DEPOSITION SERVICE, INC.**  
**P.O. BOX 5054, SOUTHFIELD, MI 48086-5054**

I understand further that (1) I have the right not to consent to the release of my educational records; (2) I have the 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 MSU Office of Registrar, but that any such revocation shall not affect disclosures previously made by MSU prior to the receipt of any such written revocation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE INFORMATION TO BE RELEASED IS 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.