



**PERMISSION TO DISCLOSE STUDENT RECORDS
UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
(FERPA)**

I, _____, am currently or have been a student at the Humane Society University.
I hereby give permission to the Humane Society University to disclose the following student education records
under the following conditions:

1. Student Education Records to be disclosed: (specific items)

2. Person or entity to which the above reference Student Education Records can be disclosed:
(name of entity or person and address)

3. Purpose for which the Student Education Records and be disclosed:

4. This permission to disclose Student Education Records will remain in effect until:

Student Name

Student Signature

Date (mm/dd/yyyy)