STUDENT CONSENT FORM

Troy University, in accordance with the Federal Family Educational Rights and Privacy Act (FERPA), seeks to assure the highest levels of confidentiality regarding student records and information. Student information will not be disclosed to a third party without the written consent of the student, unless directed by law.

As a student, you are eligible to designate a parent, guardian, or spouse to whom appropriate information can be released. By granting consent, you also grant the designee, access to your *Trojan Web Express* account.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, am/will be a student at Troy University.
Print Name of Student

I hereby provide written authorization, as required under 20 USC 1232g (the Federal Family Education Rights and Privacy Act), and any similar state law, for Troy University to release s information and r

PERSON TO WHOM INFORMATION IS TO BE RELEASED	RELATIONSHIP TO YOU

NOTE TO THE

Students not grl ting consent for the relel e of informl ion l d/or records must sign below.

*I **do not** provide authorization to release information and records to a third party.*

_____ ! _____
Signature of Student ***Date*** ***Student ID Number***