



**FERPA CONSENT TO RELEASE STUDENT INFORMATION**

TO: Early College High School @ Delaware State University, 1200 N. DuPont Highway, Dover, DE 9901; Att: Director

Please provide information from the educational records of:

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*(Name of Student requesting the release of educational records)*

to the Early College High School @ DSU, 1570 N. DuPont Highway, Dover, DE 19901.

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

The only type of information that is to be released under this consent is:

- transcript
- disciplinary records
- recommendations for employment or admission to other schools
- all records (e.g. attendance)

The information is to be released for the following purpose:

- family communications about university experience
- monitor academic progress and provide supports
- admission to an educational institution

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to (Name of Person listed above as the University Official permitted to release the educational records). I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to (Name of Person listed above to whom the educational records will be released) for the specific purpose described above.

Parent Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Student DSU ID Number **D10** \_\_\_\_\_

Date \_\_\_\_\_