



**MOUNTAIN STATE UNIVERSITY**

**Consent to Release Educational Records**

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Pursuant to the Family Educational Rights and Privacy Act, I, \_\_\_\_\_,  
do hereby consent to Mountain State University releasing for inspection, providing copies,  
and/or otherwise disclosing, whether verbal or in writing, whether opinion or fact, any and all  
of my student education records (whether academic, disciplinary, financial, scholarship,  
degree, or otherwise) or the records identified below, to \_\_\_\_\_, for  
the purpose of \_\_\_\_\_

If release is for specific records only, please identify.

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I understand that this consent shall remain in effect until my written revocation is delivered to  
Jon A. Reed, J. D., Vice President of Legal Affairs, Mountain State University, and that such  
revocation shall not affect disclosures made by Mountain State University prior to the receipt  
of any such written revocation.

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

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date