

**MICHIGAN STATE**  
**UNIVERSITY**  
**COLLEGE OF LAW**

## Release of Information Authorization

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

I, (print full legal name) \_\_\_\_\_, hereby authorize Michigan State University College of Law to release the following educational record information (*please specify the documents you are releasing, i.e., transcripts or other*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to (*provide name and address of person/agency to receive information*):

\_\_\_\_\_  
\_\_\_\_\_

I understand that I have the right not to consent to the release of my education records and I have the right to inspect and review such records upon request.

Time limit (*consult with the department/office to determine the most appropriate option*):

\_\_\_\_\_ I understand this consent is in effect this one instance; once this request is fulfilled, the consent will be null and void. (*Some offices will only accept this as an option for release*)

\_\_\_\_\_ I understand this consent shall remain in effect until revoked by me, in writing, and delivered to Michigan State University College of Law. However, any revocation shall not affect disclosures previously made by Michigan State University College of Law prior to the receipt of any such written revocation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

*Information released to a third party pursuant to this authorization is subject to the confidentiality provisions provided under the Family Educational Rights and Privacy Act (FERPA) and may not be made available to any other party without the written consent of the student.*

**Return completed form to [regist@law.msu.edu](mailto:regist@law.msu.edu)**