

FERPA Permission/Authorization

Student's Name: _____

Student's BGSU ID number: P _____

Contact Phone number: _____

Email: _____

My signature below indicates my consent for the individuals listed below to discuss my academic records and progress with the faculty at Bowling Green State University:

This consent expires: (circle the appropriate response)

1. At the end of my enrollment at Bowling Green State University
2. At the end of the current semester.
3. Other _____
(please indicate date)

(student's signature)

(date)