



**GAMMA ALPHA OMEGA**  
CONFIDENCE. COURAGE. COMMITMENT. CHARACTER.

## FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: \_\_\_\_\_  
*(Name of University Official and Department that will be releasing the educational records)*

**STUDENT INFORMATION.** Please provide information from the educational record of the individual listed below.

Name of Student for this Request: \_\_\_\_\_

Student information may be released to the Director of Scholarship of Gamma Alpha Omega Sorority, Inc. Her information is listed below:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

- Transcript
- GPA
- Disciplinary Records
- All records
- Other: \_\_\_\_\_

*(Note: this Consent does not cover medical records)*

**PURPOSE.** This information is to be released for the following purposes

- Membership to Gamma Alpha Omega Sorority, Inc. in the \_\_\_\_\_ chapter at the \_\_\_\_\_  
*University/College*

**Confirmation.** 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 individual 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 individual listed above to whom the educational records will be released for the specific purpose described above.

Printed Name: \_\_\_\_\_ ID Number \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_