



New Mexico State University  
University Registrar's Office

**NMSU FERPA Release / Waiver of Right to Privacy**

The federal Family Educational Rights and Privacy Act (FERPA) establishes a right of privacy for students concerning their educational records, as defined in the Act. While parents/guardians/spouses/ and other third parties may have an interest in a student's educational records, access to or release of the educational record is governed by FERPA, and consent to disclose the records must either be granted by the student or fall within an exception in the Act for disclosure without consent.

This form was created for the convenience of students who may voluntarily choose to share their educational records with others. This specific form is not required; NMSU will honor another form as long as the intent is clear and it is signed and dated by the student, with identifying information provided (e.g. photo ID or Aggie ID No.)

A completed, signed form should be submitted to the Office of the Registrar to allow access or release of the student's educational record. Additional information may be found at <http://registrar.nmsu.edu/ferpa/>.

Student Information	
Aggie ID Number:	Last Name, First Name, Middle Initial:
Current Street Address:	City, State, Zip Code
Telephone Number:	Email Address:

**STUDENT RELEASE**

The undersigned student, or former student, authorizes New Mexico State University to permit access for inspection to, or to release copies of, the following educational records:

**Check the category that applies:**

**Complete Academic Record**

**Specific Educational Records**

Indicate specific records here:

**Instance:**

**One-time Only Release**

**Release will remain in effect unless and until I revoke such consent in writing with the University Registrar.**

**I authorize release of these records to the following person or entity:**

Person Name or Entity Name:	
Street Address:	
City, State, Zip Code	Telephone:

**AUTHORIZATION:** I acknowledge by my signature that I understand although I am not legally required to release my records, I am giving my consent to release the information.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**Please Note: information will not be released over the phone.**

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