

**FERPA Permission/Authorization**

Student's Name: \_\_\_\_\_

Student's BGSU ID number: \_\_\_\_\_

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)