

Adaptive Educational Services  
Indiana University Purdue University Indianapolis  
Joseph T. Taylor Hall  
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Indianapolis, Indiana 46202

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**AUTHORIZATION TO RELEASE STUDENT INFORMATION UNDER FERPA**

Student Name \_\_\_\_\_  
Last (please print) First Other/Previous Name

Student ID number \_\_\_\_\_

I, the undersigned, hereby authorize Adaptive Educational Services to release information from my educational records to:

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

Relationship to student: \_\_\_\_\_

This release authorizes the release of the following information:

\_\_\_ transcript      \_\_\_ disciplinary records      \_\_\_ recommendations for employment or admission  
\_\_\_ all records      \_\_\_ other (specify) \_\_\_\_\_

This information is to be released for the following purpose: \_\_\_\_\_  
\_\_\_\_\_

I understand that the information may be released orally or in the form of copies of written records. I have a right to inspect any written records released under this consent, except for parents' financial records and certain letters of recommendation for which I have waived inspection rights. I understand that this authorization remains in effect until revoked by me, in writing, and delivered to Adaptive Educational Services. Any revocation shall not affect disclosures previously made by Adaptive Educational Services prior to the receipt of any such written revocation.

\_\_\_\_\_  
(Signature of Student or Authorized Representative if Student  
Unable to sign/Relationship to Student)

\_\_\_\_\_  
(Date)