

# FERPA RELEASE FORM

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I, \_\_\_\_\_, hereby give permission to Purdue University Polytechnic  
Columbus to release personally identifiable information to the following party:  
Student Name

Relationship: \_\_\_\_\_

Length of time for the release: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purdue Representative: \_\_\_\_\_



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