



Virginia State University
Consent for the Release of Personal Information/Educational Records
VSU Education Abroad Program

Student's Name: _____ V Number: _____

Classification: FR ___ SO ___ JR ___ SR ___ GRAD ___ Program Date: _____
(Semester and Year)

I, the undersigned, understand that my consent is required by the Family Education Rights and Privacy Act of 1974, as amended ("FERPA"), for Virginia State University, faculty and staff to release any personally identifiable information from my education records not defined as "Public Information" or "Directory Information" under the University's FERPA policy.

I, therefore, give my consent to the Dr. George H. Bennett Office for International Education to release personal information/educational records to other parties, both internal and external to the University, for institutional and educational purposes, including but not limited to, agencies, foundations and charities supporting or funding the university's education abroad programs, to organizing or sponsoring education abroad organizations, and to host country institutions/organizations and their employees and agents. I understand that the release of information may occur orally or in the form of copies of written records, including any background checks or law enforcement information.¹

I grant permission for representatives of Virginia State University to disclose any and all information relating to my education abroad experience to persons reasonably believed by them to be my parent(s) or legal guardian(s) or other emergency contact person(s) specified below. For example, the University may disclose this information if and to the extent it believes necessary or appropriate to encourage me to modify my conduct to meet the expectations of the program, and/or to take appropriate action if my conduct does not meet those expectations. This information may include, but not be limited to, my account information, student conduct, health and safety, or academics; further, such communication may occur before, during, or after my participation in the program.

The information described above may be shared with the following individual(s):

Name	Relationship	Contact Information
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Name	Relationship	Contact Information
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This consent agreement shall be governed by the laws of the Commonwealth of Virginia and will remain in effect for one calendar year from the date of my signature below or the date of my return to the U.S., whichever date is later.

Signature of Student	Date
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Signature of Office for International Education Director/Designee	Date
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¹For international travel, U.S. citizens may be asked to present a "certificate of good conduct" or "lack of a criminal record." University officials may release information to meet these requests.