*This template is for obtaining FERPA Consent to Release CU Student Information of human research participants when a standard IRB consent form will not be used.*

*Please note that a* ***Request for Waiver/Alteration of the Consent Process*** *may be required to be submitted and approved with your FERPA Consent form template.*

**Instructions**

To stand out both on your computer screen and in black/white copies, instructions are in bold, italic, and blue type.

Instructions are in boxes and will be deleted in final consent.

**IRB-required template language is in black type and should not be changed.**

Rarely, changes to the required language may be necessary. To petition for a change in required language, submit proposed changes with justification to the IRB office.

Sample language, which can be used, modified, or deleted as appropriate for your project, is in blue type. **Please maintain the blue color to distinguish your project-specific information from the required template language.**

**Campbell University**

**FERPA CONSENT TO RELEASE STUDENT INFORMATION**

<Project Title>

<Principal Investigator>

<Department>

<Telephone Number>

<Campbell University>

<P.O. Box <Number>

<Buies Creek NC 27506>

Please provide information from the education records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Student requesting the release of educational records to the investigator listed above].

(Note: this Consent does not cover medical records held solely by Campbell University Health Care Center)

The only type of information that is to be released under this consent is: [insert which specific records will be requested for use in research activities, e.g., GPA, entrance exam scores, etc.].

The information is to be release for use in the research project listed above.

* I understand the information may be released orally or in the form of copies of written records, as required by the investigator.
* I have a right to inspect any written records released pursuant to this Consent.
* I understand I may revoke this Consent upon providing written notice to <Principle Investigator at <specify address>.
* I understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [PI name] for the specific purpose described above.

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| --- | --- | --- |
|  |  |  |
| **Subject’s Name** *please print* | **Subject’s Signature** | **Date** **OR Date/Time** |
|  |  |  |
| **Name of Legally Authorized Representative** (if applicable)  *please print* | **Signature of Leally Authorized Representative** | **Date** |