**FERPA CONSENT TO RELEASE STUDENT INFORMATION**

I understand that, pursuant to the Family Educational Rights and Privacy Act (FERPA), education records maintained by educational institutions are generally subject to restrictions that prohibit disclosure of personally-identifiable information, without written consent from the student.

**I hereby consent to {College/University Name} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s release the following information from my education records: (a) my enrollment status; (b) my major field(s) of study; and, (c) my cumulative GPA, to representatives of WebstaurantStore for purposes of my consideration as a recipient of a scholarship or grant from WebstaurantStore.** I understand the information may be released orally, in written form, or by copies of written records. I understand I may revoke this Consent upon providing written notice to the educational institution.

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_