



EDUCATION ASSISTANCE BRANCH
Personal and Professional Development Program
Marine and Family Programs

I understand that under the provision of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, my academic records will not be released to a third party without my approval.

I hereby give permission to authorized personnel at _____
COLLEGE OR UNIVERSITY STUDENT IS ATTENDING
to release my academic records (including grade reports) and to discuss my student account as needed relating to courses paid for with military tuition assistance funds.

Name of the organization to which information may be released:

Education Assistance Branch
Personal and Professional Development Program
Marine and Family Programs
Marine Corps Community Services
Camp Lejeune, NC 28547

Authorizations:

- ✓ I acknowledge by my signature that I understand, although I am not required to release my records to this organization, I am giving my consent to release the information.
- ✓ The information may be released orally or in the form of copies of written records (either faxed, e-mailed, or mailed via USPS), as preferred by the requester.
- ✓ I understand that this release remains in effect until such time as I choose to revoke this permission in writing.

Student Information:

Name: _____

Student ID #: _____ Student SSN: _____

Student Signature: _____

Date: _____