



**FERPA PRIOR CONSENT FORM
FOR MEETINGS**

Meeting Date: _____

I, _____, am aware of my right to confidentiality regarding my educational records, which are part of my student records and protected under the Family Educational Rights and Privacy Act. I consent to the disclosure of my educational records, inclusive of personally identifiable information for purposes of discussion/review at Zane State College on the above meeting date. I also authorize the individuals designated below to be in attendance during the discussion/review of my educational records, inclusive of personally identifiable information at Zane State College on the above meeting date.

Persons designated to be in attendance **on the above meeting date**, other than faculty and staff as provided for by FERPA and College Policy, including the following:

Student Signature: _____

Date: _____

Signature witnessed by the following Zane State College Representative	
Name: _____	Date: _____
Department: _____	