



**FERPA CONSENT TO RELEASE  
STUDENT INFORMATION IN CLASSROOM RECORDINGS**

Student Name: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Number/Section: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Semester: \_\_\_\_\_

I understand that class sessions and presentations may be audio and/or video recorded by the instructor. I hereby consent to Miami University using my voice or likeness for educational purposes, and I hereby permit Miami University to release the education records that consist of recordings of my voice or likeness or other personally identifiable information as I participate in the above course (such as when I am making presentations or asking questions in the course) and/or depictions in the recordings of presentation slides or other materials I have created for the course.

This information may be released for the limited purpose of sharing with Miami University employees and other Miami University students (whether they are enrolled in the same course, course section, or otherwise) for instructional and educational purposes only.

I understand my agreement is voluntary and is not a condition or requirement of my participation in the course or my attendance at Miami University.

By signing this FERPA Release, I understand that (1) I have the right not to consent to the release of my education records; and (2) this FERPA Release shall remain in effect until I revoke by the undersigned, in writing, and delivered to the Miami University Registrar; provided that any such revocation shall not affect disclosures previously made by Miami University prior to the receipt of the revocation.

By my signature below, I acknowledge and agree to the above terms. After completing and signing this form, you should submit it to the instructor of the course. The instructor will keep a copy of the form and will deliver a copy to the University Registrar to ensure the original form is retained in the appropriate office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For students participating in the College Credit Plus program, a parent or guardian must sign this release. By signing this release, the undersigned parent or guardian personally represents and warrants that he or she is authorized to sign this release on behalf of the above minor student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_