The Evergreen State College Archives and Special Collections

Permission to Release Education Record Information

Instructions: The student or alumni may complete the fields either electronically or handwritten. To complete electronically, click the right button on your computer mouse and from the pop-up menu, select properties. In the “Default Text” box type in the information, then click “OK”.

I, \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, authorize The Evergreen State College

(Please print full name)

to release the following research paper or project, performance, performance recording, animation, or other intellectual educational record subject to the Federal Family Educational Rights and Privacy Act (FERPA).

I hereby assign non-exclusive rights to the works I have submitted to faculty for the purpose of allowing their use as a research resources or as elements the context of joint academic work(s) and/or reproduction on Evergreen web pages and, I hereby authorize the designers of Evergreen web pages to make adjustments to the work as needed to fit it into the sites’ formats.

I hereby waive any right to pre-inspect or approve the Evergreen web pages on which my work appears, or any product that is created from it.

I understand that participation in providing my project is voluntary and that I may at any time discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with The Evergreen State College.

[ ]  I agree to allow this record / Information to be displayed on the internet for the purpose of research or other academic uses and the sharing of its intellectual content with appropriate copyright notice.

Check one:

[ ]  I authorize the use of my name in connection with the record described.

[ ]  I do not authorize the use of my name in connection to the record described and understand that my work will be credited to “student”.

I hereby certify that I am over eighteen years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

I understand that this consent shall remain in effect until revoked by me in writing.

Student ID : \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education record / information to be released (Filled in by requester):

\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Release to Entity or Individual: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name

For the purpose of: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_     \_\_\_\_\_

Parent Signature (if student is under 18) Date

Please complete and print then sign and return this form to the appropriate campus office:

Registration and Records

Advancement/Alumni

For submissions to The Evergreen State College Archives send to:

Archives and Special Collections

Library 2300

The Evergreen State College

Olympia, Wa. 98505

Add Additional Records or instructions here:

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Revised 09-27-2013