



**STUDENT CONSENT FORM TO RELEASE INFORMATION REGARDING
PSU'S STUDENT HEALTH INSURANCE PLAN*
Federal Educational Rights and Privacy Act (FERPA) of 1974
20 USC § 1232g and 34 CFR § 99**

Instructions to Student: *Carefully read the information below. After completing the form, submit it to the Portland State University faculty/staff/office you authorized to release your information.*

In accordance with the Federal Educational Rights and Privacy Act (FERPA) of 1974, Portland State University must obtain written consent from a student before releasing the educational records of that student to a third party. Such written consent must be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or class of parties to who release may be made.

I _____ , _____
(Student's Name) (PSU ID #)

hereby give my written consent to the SHAC Insurance Team to release my PSU Student Health Insurance Fee/Waiver information to the identified individual listed below:

Name: _____

Email Address: _____ Phone Number: _____

I understand that my written consent will remain in effect until I notify the Portland State University employee/office named in this form, in writing, to cancel it.

I understand that the specific information referenced on this form is being released to a third party at my request with the understanding that s/he will not release it to any other parties. Portland State University is hereby released from all legal responsibility or liability for the release of the above-mentioned information.

Student's Signature: _____ Date: _____

Portland State University is required to keep the original signed consent form. Students are advised to keep a copy of this consent form with their records.

***Please note: This form does not pertain to the release of any protected health information.**