

FERPA CONSENT TO RELEASE COURSE WORK AND/OR RECORDINGS

Grand Valley State University faculty and staff who wish to record and/or otherwise use a student's likeness, voice, coursework, and other personally protected information (hereafter called educational records) must first obtain student consent to do so. Consent is necessary if the recording will be shared in a course that the student is not enrolled in (for example, a different section of the same course in the current or a future semester) or if the recording is used for training or teaching development. Consent is not necessary if the recording is only shared with other students who are currently enrolled in the same course section (for example, via Blackboard). Faculty and staff shall obtain consent using this form and retain a copy of this form for their records as long as they maintain the recording.

Student G number:			
Name (first and last):			
GVSU email:			
Consent to release information			
Cou	rse Prefix:	Course Number:	SectionNumber:
Course Title:			
Instructor:			
	Recording: I understand that my course may be recorded for use in future semesters when this course is offered again, for faculty development, and in the current semester for students in different sections of the same course. For these purposes, I permit Grand Valley State University to release my education records that contain my voice or likeness when I am participating in this class, including asking questions, participating in a discussion or group work, and making presentations.		
	Coursework : I authorize the release of work that I have created in the course listed above (e.g., PowerPoint slides when making a presentation) for educational purposes. I understand that whenever possible, the instructor will redact my name from the assignment and that the instructor is prohibited from releasing grades associated with my work.		
I understand that my consent is voluntary and not a condition or requirement of my participation in the class or my enrollment at Grand Valley State University.			
	Yes, I authorize the release of	of my educational records in the clas	ss and for the purposes designated above.
	No, I do not authorize the reabove.	elease of my educational records in t	the class and for the purposes designated
Student signature:			Date:

Instructions for instructor: Collect and retain the forms until you are finished using the recordings.