



ON-CAMPUS EMPLOYMENT – STUDENT ASSISTANT

**CONSENT FOR RELEASE**

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*Complete the following. Give a copy to the student assistant and keep the original for your files.*

Full Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Valdosta State University to release job reference information, including the dates of employment, job duties, and quality of my performance to any prospective employers who request the information for hiring purposes.

I understand that this information is considered a student record. Further, I understand that by signing this release that I am waiving my right to keep this information confidential from the above personnel under the Family Educational Rights and Privacy Act (FERPA).

I certify that my consent for the release of this information is entirely voluntary. I certify that I understand this consent to release can be revoked by me at any time in writing but will not be effective for materials already released under it.

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