

AUTHORIZATION FOR RELEASE OF INFORMATION (FERPA*)

STUDENT NAME (Please Print)

Student Number

I wish to release the following information:

To the following individuals:

Name (Please Print)

Relationship to Student

Name (Please Print)

Relationship to Student

Name (Please Print)

Relationship to Student

Purpose for Such Release:

Student Signature: _____

Date: _____

****THIS RELEASE WILL REMAIN IN EFFECT UNLESS THE STUDENT NOTIFIES OFFICE OF THE REGISTRAR IN WRITING TO CANCEL IT.

* The Family Educational Rights and Privacy Act of 1974 (FERPA) requires a student's written consent in order for an educational institution to release confidential student records to another party, except under the limited exceptions in FERPA permitting release without consent.

Registrar use ONLY:

Date: _____

Processor: _____