AUTHORIZATION FOR RELEASE OF INFORMATION
FROM STUDENT RECORDS

Under the federal Family Educational Rights and Privacy Act (FERPA), the disclosure of confidential information contained in student records to individuals or organizations outside the University generally requires the student's written consent. This form can be used by the student to give consent for the disclosure of information from his/her records, or copies of his/her records, to others (for example, parents or prospective employers)

NAME: _____________________________ STUDENT ID: __________________________

EMAIL: _____________________________ PHONE #: _____________________________

By signing below, I, _____________________________, authorize and give permission for _____________________________ to discuss information related to me with, _____________________________ and to provide copies of my records to, the persons/organizations listed below:

(Please print name, relationship, and phone number and/or email address)

_______________________________________________________________________

_______________________________________________________________________

I authorize the release of the following records/categories of records:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

SIGNED: _____________________________ DATED: _____________________________