



FERPA Authorization (Student Information Release)

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the University is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor. You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization form. **You must complete a separate form for EACH third party to whom you grant access to information on your student records.** The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party.

Submit your completed form to the Office of the Registrar. Please note that your authorization to release information has **no expiration date**; however, you may revoke your authorization at any time by sending a written request to the same address. This form allows specific third parties to access student record information. NOTE: For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. However, **it is university policy not to release certain aspects of student records (ie: registration, grades, GPA) over the phone or via email.**

STUDENT INFORMATION (please print)

Name: _____ Student ID#: _____
Last/Maiden First Middle

Current Mailing Address: _____

Social Security Number: _____ Primary Phone: _____

THIRD PARTY DESIGNEE(S) (please print)

Name: _____ SSN (final 4 digits) **OR** 4-digit code: _____
Last/Maiden First Middle **REQUIRED (Circle which is used)**

Name: _____ SSN (final 4 digits) **OR** 4-digit code: _____
Last/Maiden First Middle **REQUIRED (Circle which is used)**

Address: _____

Daytime Phone: _____ Relationship to Student: _____

Email: _____

Please check one or more of the boxes below to grant authorization to different types of information and student account records:

- Billing statements, charges, credits, payments, past due amounts, and/or collection activity.
- Grades/GPA, demographic, registration, student ID number, academic progress status, and/or enrollment information.
- Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status.
- University-maintained loan disbursements, billing and repayment history (including credit reporting history), communication history, balances, and/or collection activity.

CERTIFICATION

I authorize the above third party, named as "Third Party Designee", to access the indicated student record and/or account information. This authorization does not permit the third party to make any changes.

Student Signature

Date