

**Taylor College  
Family Educational Rights and Privacy Act  
Student Release**

Student Name (Last, First): \_\_\_\_\_

Student SS#: \_\_\_\_\_

**Student's Authorization for Disclosure**

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and authorize Taylor College to discuss and/or disclose the following educational records to the person listed below:

- \_\_\_\_\_ Financial Records/Information
- \_\_\_\_\_ Disciplinary Records/Information
- \_\_\_\_\_ Report Card

(Specify incident or indicate "All")

\_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

\_\_\_\_\_ All information regarding my enrollment at Taylor College without limitation

Name of Authorized Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address of Authorized Person: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The Purpose of releasing this information is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that this authorization will be in effect as long as I am a student at Taylor College or until I revoke this authorization in writing.**

I affirm that I have carefully read the foregoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date