

FERPA Authorization

Student Personal Information			
Student Name:		Date:	
Program:		Student ID:	
Authorization to Release Information (General)			
The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's education records. I understand that in order for the Institution to honor a request for information by anyone other than the individual student, a signed authorization must be on file.			
In general, I authorize the following individuals to request and receive academic and/or financial information: _____ ☐ Academic ☐ Financial ☐ Both _____ ☐ Academic ☐ Financial ☐ Both			
Student Signature:		Date:	
Authorization to Release Information (Instance) - Valid for 60 days from the date signed by the student			
I authorize one or more of the following items be released to the person/organization/institution below for a single instance:			
Name/Organization/Institution			
Address			
City/State/Zip Code			
Phone			
Fax or Email			
Information to be released: ☐ Transcript ☐ Grade Report ☐ Attendance Records ☐ Other (describe below):			
Student Signature:		Date:	

Processing Completed by Registrar in Campus Cloud and/or Information Released			
Registrar:		Date Completed:	