

RELEASE OF STUDENT RECORDS

Under the provisions of the Family Education Rights and Privacy Act (FERPA), I authorize Student Records to release and/or discuss the following records and information about me from my educational file.

- Grades Schedules Credit Hours
 Holds Graduation Status Other _____

Name of person who has permission to receive the information:

Full Name: _____ Email: _____
Relation/Affiliation to student: _____ Phone: _____

Purpose for releasing student record:

I agree to the release until the following date: _____.

Printed Name

B-Number

Student Signature

Date

Must be submitted and signed in person by the student to Financial Aid & Student Records.

If the form is mailed, faxed or emailed it must be notarized.

Please allow 3-5 business days for processing before requesting information.

Received By

Date