

RELEASE OF STUDENT RECORDS

Under the provisions of the Family Education Rights and Privacy Act (FERPA), I authorize the Office of the University Registrar to release and/or discuss the following records and information about me from my educational file in the Registrar's Office:

- | | | |
|---------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Schedules | <input type="checkbox"/> Credit Hours |
| <input type="checkbox"/> Holds | <input type="checkbox"/> Graduation Status | <input type="checkbox"/> 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 (mm/dd/yyyy)

Must be submitted in person by student to Registrar's Office.

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