

# RELEASE OF STUDENT RECORDS

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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: \_\_\_\_\_ .

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Printed Name

B-Number

Student Signature

Date

Must be submitted in person by student to Student Records or if mailed, faxed or emailed, the form must be notarized.

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