FERPA RELEASE FORM

I, _____________________________, hereby authorize ________________________________________
(Student name)    (Name of office or entity which is custodian of record)
to disclose, make accessible, and furnish the following information

☐ Official Transcript
☐ Financial Aid record(s)
☐ Judicial Affairs File(s) – College or University
☐ Student Accounts Information
☐ Deans’ Office File(s)
☐ Residence Life File(s)
☐ Other: - Description ________________________________
☐ All of my records

to _____________________________________________. These records will be used for the
(Name of person or entity to whom records are to be released)
purpose of __________________________________________

This release shall be effective until ________________________ unless revoked by me
(Date)
in writing.

___________________________ _____________________________  _____________
(Student ID Number)   (Student Signature)                (date)

________________________________
My Commission expires on: